

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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(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
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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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">OCT 09 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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: Mary McCulle-Haddis TITLE: owner (X6) DATE: 9/30/18

STATE FORM 6899 CGEQ11 If continuation sheet 1 of 5

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V 110	<p>Continued From page 2</p> <p>lack of commitment and consistency in her work. Meals were not always on time, they had to ask for medications, not many activities, etc.</p> <p>**Staff #2 was on a Medical Leave of Absence (MLOA) and not available to be interviewed.</p> <p>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.</p>	V 110		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(b) When services are provided prior to the</p>	V 111		

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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	<p><i>Identified staff member with corrective action document is no longer employed with Mary's Manor. All staff continue to receive ongoing training regarding clients rights.</i></p>	

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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	<p><i>Mary's Manor acknowledges transfers to another home within the same agency is not a transfer, but a new admission. All new admissions will receive new case plan and new admission assessment. Verification can be found in case file</i></p>	<p><i>9/30/18</i></p>

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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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-460	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/2/2018
NAME OF FACILITY MARY'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GAIL RIDGE LANE WENDELL, NC 27591	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0106	Correction	ID Prefix V0109	Correction	ID Prefix V0110	Correction
Reg. # 27G .0201 (A) (8-18) (B)	Completed	Reg. # 27G .0203	Completed	Reg. # 27G .0204	Completed
LSC	08/02/2018	LSC	08/02/2018	LSC	08/02/2018
ID Prefix V0112	Correction	ID Prefix V0113	Correction	ID Prefix V0289	Correction
Reg. # 27G .0205 (C-D)	Completed	Reg. # 27G .0206	Completed	Reg. # 27G .5601	Completed
LSC	08/02/2018	LSC	08/02/2018	LSC	08/02/2018
ID Prefix V0290	Correction	ID Prefix V0291	Correction	ID Prefix V0542	Correction
Reg. # 27G .5602	Completed	Reg. # 27G .5603	Completed	Reg. # 27F .0105(a-c)	Completed
LSC	08/02/2018	LSC	08/02/2018	LSC	08/02/2018
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Marie Anttil	DATE 8/3/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/14/2017

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO