

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/19/2018
NAME OF PROVIDER OR SUPPLIER RICKEY'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 104 LENNOX CIRCLE JACKSONVILLE, NC 28540		
(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	INITIAL COMMENTS An annual and follow up survey was completed 10/19/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED <small>By DHSR - Mental Health Lic. & Cert. Section at 3:47 pm, Nov 06, 2018</small> </div>	
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.	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

3RK111

If continuation sheet 1 of 6

Kendra Cline, BAQP 10-30-2018

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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 interviews, the facility failed to implement strategies to meet the needs of the client affecting 1 of 3 clients (# 1). The findings are:</p> <p>Review on 10/18/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - 25 year old male admitted on 12/11/16. - Diagnoses included Severe Intellectual Developmental Disability; Schizo-Affective Disorder; Ehlers-Danlos Syndrome; and Soto's Syndrome. - Individual Support Plan for Client # 1 dated 7/18/18. - Risk/Support Needs Assessment for Client # 1 dated 7/18/18. - No other strategies were identified to address Client # 1's behaviors of elopement, aggression, or calling "911." <p>Review on 10/18/18 of Client # 1's Individual Support Plan revealed:</p> <ul style="list-style-type: none"> - "...What Others Need to Know to Best Support Me...Behavioral...[Client #1] had the following that did not qualify for Level II reports but were significant behaviors: 12 elopement or evading supervision...10 physical aggression ...and 5 inappropriate calls to '911'...It is important for staff to know to never turn their back on [Client # 1] as he will choke you if upset or consumed with delusional thoughts..." - "...What is not Working and Needs to Change...Being told 'no' continues to be a significant trigger will escalate [Client # 1]...The implementing of personal boundaries continue to be an issue for [Client # 1] especially when upset or angry...There continue to be episodes of calling 911 when it is not required...Putting his 	V 112		

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V 112	<p>Continued From page 2</p> <p>hands on others when he gets upset..."</p> <p>- "...Crisis Prevention and Intervention...When assisting [Client # 1] through a crisis never turn your back...[Client # 1] requires 24 hour supervision and will leave the residence without permission and has history of elopement. Many times when he leaves the home during crisis he will be attempting to find a phone to call '911.' [Client # 1] demonstrates poor safety as he will also attempt to enter homes that he does not know the owner, in attempts at finding a phone..."</p> <p>Review on 10/18/18 of Client # 1's Risk/Support Needs Assessment revealed:</p> <p>- "...M. Positive Behavior Support...Notes(if applicable): [Client # 1] continues ...increased episodes of very poor decision making such as elopement, trying to enter random citizens homes, cars...and calling 911 for inappropriate response needs...I continue to demonstrate that I am an elopement risk. I have left the group home and day program when upset and went to neighboring homes while in crisis trying to get in and attempting to use the phone..."</p> <p>Review on 10/18/18 of the Facility Level I Incident Reports from July 2018 to October 2018 revealed:</p> <p>- "...Date of Incident: 7/2/18...[Client # 1] was showing signs of anxiety by pacing, making repetitive requests and calling several people. [Client # 1] called 911 and the police department arrived at the house. After speaking with [Client # 1] and [Facility Director] the police left without making a report..."</p> <p>- "...Date of Incident: 7/16/18...[Client # 1] became upset when staff attempted to redirect him from picking his feet. [Client # 1] verbally threatened staff and went outside called 911. The police showed up and spoke with [Client # 1.]</p>	V 112			

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V 112	<p>Continued From page 3</p> <p>The QP (Qualified Professional) and CPI (Crisis Prevention Institute) Instructor were also notified and arrived at the residence. The QP spoke with the police while the CPI instructor helped bandage [Client # 1's] feet and help de-escalate the situation..."</p> <p>- "...Date of Incident: 8/8/18...[Client # 1] became upset and eloped from the house and began walking the neighborhood. [Facility Director] and support staff followed [Client # 1] in the are and were able to redirect him back to the house...he continued to threaten and attempt to leave the house without supervision after [Facility Director] left [Client # 1] grabbed the phone and ran to his room and called 911. The police arrived to the home and spoke with [Client # 1]..."</p> <p>- "...Date of Incident: 10/13/18...I was helping the client (Client # 1) make his bed up so he got mad at for trying to put pads on his bed so he pushed me from the back and then he tried to swing on me. We both fell on the bed as he kept swinging..."</p> <p>Review on 10/18/18 of North Carolina Incident Response Improvement System revealed:</p> <p>- "...On 08/02/2018...Client (Client # 1) attempted to elope. Staff contacted Law Enforcement. Client returned and proceeded to choke out staff..."</p> <p>- "...On 9/29/2018...[Former Staff (FC) # 3] has verbally prompted [Client # 1] to take his evening shower and [Client # 1] did not want to. Staff [FC # 3] attempted to explain to [Client # 1] the importance of showering and completing his hygiene. [Client # 1] continued to refuse to shower and staff [FC # 3] stated to [Client # 1] that that is his choice and he does not have to take a shower if he does not want to. Staff [FC # 3] then began preparing dinner on the stove and [Client # 1] came to the kitchen and began drinking severl glasses of water at the kitchen</p>	V 112			

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V 112	<p>Continued From page 4</p> <p>sink. Staff [FC # 3] verbally prompted [Client # 1] to slow down drinking to prevent him from choking and reminded him that if he continues to drink so much water he may have an incontinence issue. [Client # 1] continued drinking the water and stated to staff "I am going to attack you". Staff [FC # 3] was still cooking the dinner on the stove when [Client # 1] lunged at staff [FC # 3] and was swinging his arms connecting his forearm with staff [FC # 3]'s head. Staff [FC # 3] attempted to gain control of [Client # 1]'s hands as he continued swinging. Staff [FC # 3] was able to redirect [Client # 1]'s hands to his side and able to break and gain distance from [Client # 1.] During this incident the second support staff on duty came to the kitchen and called 911 for assistance. When [Client # 1] stopped hitting/swinging at staff and she was able to gain safe distance, [Client # 1] then walked out of his house and sat in front of a neighbors house two doors down. When this writer arrived on the scene, [Client # 1] was calm and sitting in his driveway. This writer spoke with the police officers who stated that they were not going to bring [Client # 1] to the station due to his intellectual functioning. This writer spoke with [Client # 1] and he stated he was sorry. The police officers left the residence and this writer stayed at the facility for approximately another 20 minutes to ensure the incident was de-escalated. [Client # 1] then finished his dinner and there were no further incidents to report ..."</p> <p>Interview on 10/18/18 Client # 1 stated:</p> <ul style="list-style-type: none"> - He does not like when the staff tell him the phone is broken and he can't call his mom. - He has called the police and they have come to the house. - He does leave the house if gets mad. 	V 112		

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V 112	<p>Continued From page 5</p> <p>Interview on 10/19/18 Staff # 2 stated:</p> <ul style="list-style-type: none"> - She has certification as an instructor with the Crisis Prevention Institute. - She has trained and mentored new staff in the house to know the client to understand what triggers are for the behaviors especially Client # 1. - She had found that Client # 1 responds better to a schedule that can keep him engaged and when he is given choices. - Client # 1 has left the house when she was working and she took the other 2 clients with her to go follow him. <p>Interview on 10/19/18 the Facility Clinical Director stated:</p> <ul style="list-style-type: none"> - She was aware of the elopement episodes, 911 calls, and aggression. - She lives close to the facility and staff have contacted her when Client # 1 was in crisis. - The number of episodes have decreased since he was admitted. - The facility has been attempting to gain referrals from his LME resource network for behavioral assistance since August 2018. <p>Interview on 10/19/18 the Facility Director stated:</p> <ul style="list-style-type: none"> - She was aware of the elopement episodes, 911 calls, and aggression. - These episodes have decreased since he was admitted. - She had been called to the facility when Client # 1 was in crisis on several of the episodes. - The facility will follow up with his resource network for behavioral assistance and the local law enforcement for support with 911 calls. 	V 112	<p>DHSR - Mental Health</p> <p>NOV 06 2018</p> <p>Lic. & Cert. Section</p>	

Anna's Care Inc./Linda Shorts Home: Plan of Correction Form

Plan of Correction				
Please complete all requested information				
Provider Name: Provider Contact Person for follow-up:		Anna's Care/Rickey's Place Kendra Cline/Qualified Professional		
Address:		104 Lennox Circle Jacksonville, NC 28546		
Finding		Corrective Action Steps		
10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN This rule is not met as evidenced by record reviews, and interviews the facility failed to implement strategies to meet the needs of the client affecting 1 of 3 clients (#1)		<p>Since [REDACTED] admission to the facility on 12/11/2016 client #1 has displayed target behaviors of delusional thoughts, aggressive behaviors, elopement and inappropriate use of 911. Since client #1's admission the facility has linked him with psychiatry services and has had several medication changes over this time to address the target concerns. The treatment team has met several times to discuss target behaviors and strategies to decrease target behaviors. Since client #1's admission to the facility there has been discussion of developing a behavior plan, however there is a needs gap in the Trillium Health Resources network for qualified individuals to develop, implement and monitor a behavior plan.</p> <p>Continued strategies to decrease target behaviors include monthly doctor visits with client #1's psychiatrist for medication management, QP on call to address crisis behaviors as needed via phone calls and on-site visits, CPI instructor continues to train staff on proper redirection techniques, continued contact with Care Coordinator to identify a qualified behavior specialist. The facility QP most recently contacted the Care Coordinator on 10/23/2018 to ask for a Specialized Consultative referral.</p>		
		Responsible Party LME/MCO Care Coordinator, Facility administration and clinical staff		
		Time Line Implementation Date: 10/30/2018 Projected Completion Date: 12/17/2018		
		Implementation Date:		
		Projected Completion Date:		
		Implementation Date:		

October 26, 2018
Linda Gibson
Anna's Care, Inc.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

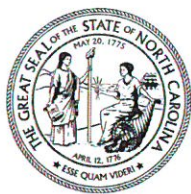
A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,

A handwritten signature in black ink that reads "Beth Phillips, MEd." The signature is written in a cursive, flowing style.

Beth Phillips
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
File



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 26, 2018

Linda S Gibson, Director
Anna's Care, Inc.
180 Coastal Lane
Jacksonville, NC 28546

Re: Annual and Follow up Survey completed 10/19/18
Rickey's Place 104 Lennox Circle, Jacksonville 28546
MHL # 067-148
E-mail Address: leshorts@yahoo.com
clinicalqp@annascare.com

Dear Ms. Gibson:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 10/19/18.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 12/17/18.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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