

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>DHSR - Mental Health</b>  B. WING: <b>NOV 13 2018</b>	(X3) DATE SURVEY COMPLETED  R <b>10/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODED ACRES #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3680 CHERRY ROAD WASHINGTON, NC 27889</b> <b>Lic. &amp; Cert. Section</b>
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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	INITIAL COMMENTS  An annual and follow up survey was completed on October 15, 2018. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.	V 000	V 109 27G .0203 Privileging/Training Professionals	
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.	V 109	10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals  Implemented October 8 <sup>th</sup> , 2018  The QP will have on file certifications that are updated and current that indicates she has knowledge and experience of the population served. QP will stay abreast of any new training that she or staff will gain knowledge regarding the population served. QP is to be responsible for all duties in her	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christella Henderson Director/owner</i>	TITLE  	(X6) DATE <b>11-06-2018</b>
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STATE FORM 6899 BY8Z11 If continuation sheet 1 of 6

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V 109	<p>Continued From page 1</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/12/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 28 year old male admitted to the facility 1/6/14.</li> <li>- Diagnoses included Schizoaffective Disorder, depressive, and obesity.</li> <li>- Person Centered Plan dated 6/21/17 included goals to manage cigarette consumption, money management, compliance with the facility sanitation policy, compliance with mental health medications, and "compliance with all medication regiments."</li> </ul> <p>During interview on 10/12/18 client #3 stated:</p> <ul style="list-style-type: none"> <li>- He was trying to lose weight and smoke less.</li> <li>- He wanted to regain his guardianship, get his GED (General Education Diploma), and to get a job.</li> <li>- He did not know any of the goals in his person centered plan, nor did he know who wrote them.</li> <li>- He had met the QP once last year.</li> </ul> <p>Review on 10/9/18 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date of 2/19/16.</li> <li>- Education records included Bachelor of Science</li> </ul>	V 109	<p>job description.</p> <p>QP will set up team meetings with Staff, clients and/or guardians, regarding personal care plans. All goals are to be discussed and agreed upon during the meeting. Notes taken during the meeting will be kept by the QP readily available to reevaluate or make changes.</p> <p>Once goals are noted QP will prepare a plan and complete in a timely manner for signature of all that attend the team meeting and send to primary care for review and signature.</p> <p>Once all signatures are completed the QP will make copies for clients record, guardian + house manager (staff)</p>	(a)
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(b)

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V 109	Continued From page 3  - Person Centered Plans were written with goals and strategies developed based on "what the individual client said they wanted to do, goals they wanted to achieve," and some of what was in the client assessments. - She and the administrator "talked to" direct care staff regarding the content of the Person Centered Plans and how to train goals and implement strategies. - She had no responsibility for client medications or Medication Administration Records.  During interview on 10/15/18 the Administrator stated she was responsible for supervision of direct care staff and she did not have a supervisor.	V 109	V114 27G .0207 10 NCAC 27G.0207 Emergency Plans and Supplies  Implemented Oct 8 <sup>th</sup> , 2018. Administrator will conduct random drills on each <del>staff</del> <sup>shift</sup> <del>staff</del> Fire and disaster plans will be updated to reflect day, time of day & type of drill. Each staff will be required to do a fire/disaster drill 1x per shift per qtr that they work. All drills will be documented & filed in the office Administrator will keep documentation current & updated	
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 reviews and interviews the	V 114		

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V 109	<p>Continued From page 2</p> <p>in Rehabilitation Services, 2008; Master's Degree in Rehabilitation Counseling, 2012; Master's Degree in Substance Abuse Clinical Counseling, 2012; and Master's Degree in Criminal Justice, 2014.</p> <p>Professional credentials included Licensed Clinical Addictions Specialist, expired 7/01/15; Licensed Professional Counselor Associate, expired 6/30/17; and Master Addiction Counselor, effective 1/31/16.</p> <p>- No documented training with regard to working with adults diagnosed with developmental disabilities or mental illness, or Person Centered Planning.</p> <p>- "Qualified Professional Job Description" signed and dated by the QP 2/19/16 included " . . . 2. Is responsible for the overall personal care plans throughout the facility. . . 11. Assures the continuous maintenance of all standards and regulations and the implementation of the policies and procedures . . . 14. Monitors medication in homes, checks medication, doctor's orders and fl-2. Check medication weekly . . . 16. Completes client's books upon admission. Making sure all documentation that is required is in book. 17. Monitor doctor's appointments. Follow up with staff after clients attend appointments for medication change or referrals . . . "</p> <p>During interview on 10/1/18 the QP stated:</p> <p>- She worked full time as an "independent practitioner" and was a Licensed Clinical Addictions Specialist and a Licensed Professional Counselor.</p> <p>- She had training in CPR, NCI, Person Centered Planning, and various mental health diagnoses.</p> <p>- Some of her responsibilities included treatment team meetings, "staffing," and clinical paperwork, including completion of the Person Centered Plans.</p>	V 109	<p>or appointments. Admin Supply documentation to the QP.</p>	
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V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 10/12/18 the facility Administrator stated the group home operated two shifts, Monday 9:00 am - Thursday 5:00 pm, and Thursday 5:00 pm - Monday 9:0 am.</p> <p>Review on 10/12/18 of the facility's fire and disaster drill documentation revealed:</p> <ul style="list-style-type: none"> <li>- No fire drill documented for the Monday - Thursday shift in the 3rd quarter (July - September) 2018.</li> <li>- No fire or disaster drill documented for the Thursday - Monday shift in the 3rd quarter (July - September) 2018.</li> <li>- No fire or disaster drill document for either shift in the 2nd quarter (April - June) 2018; a tornado drill was documented Thursday, 6/14/18, but no time was documented, therefore the shift during which the drill was held could not be determined.</li> <li>- No fire or disaster drill documented for the Monday - Thursday shift in the 1st quarter (January - March) 2018.</li> <li>- No fire or disaster drill documented the Thursday - Monday shift for the 3rd quarter (July - September) 2017.</li> <li>- No disaster drill documented for the Monday - Thursday shift for the 4th quarter (October - December) 2017.</li> <li>- No fire drill documented for the Thursday - Monday shift for the 4th quarter (October - December) 2017.</li> </ul> <p>During interview on 10/12/18 client #2 stated they did fire and tornado drills and had a fire drill recently. They would evacuate the facility during fire drills, going across the driveway away from the facility until they were told they could return.</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>During interview on 10/12/18 client #3 stated fire and tornado drills were held in the facility monthly.</p> <p>During interview on 10/12/18 client #4 stated fire and tornado drills were held but he wasn't sure how often.</p> <p>During interview on 10/15/18 the Administrator stated she understood the requirement to hold fire and disaster drills quarterly and on each shift.</p>	V 114		

**-FIRE AND DISASTER REHEARSAL SCHEDULE**

Name of Home: \_\_\_\_\_

Address: \_\_\_\_\_

1. Date of Rehearsal: \_\_\_\_\_ Time of Rehearsal: \_\_\_\_\_ Day: \_\_\_\_\_

Type of Drill Conducted: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Other Staff Members Present: \_\_\_\_\_

Time for Total Evacuation: \_\_\_\_\_

Brief Description of What Was Involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Date of Rehearsal: \_\_\_\_\_ Time of Rehearsal: \_\_\_\_\_ Day: \_\_\_\_\_

Type of Drill Conducted: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Other Staff Members Present: \_\_\_\_\_

Time for Total Evacuation: \_\_\_\_\_

Brief Description of What Was Involved: \_\_\_\_\_

\_\_\_\_\_

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3. Date of Rehearsal: \_\_\_\_\_ Time of Rehearsal: \_\_\_\_\_ Day: \_\_\_\_\_

Type of Drill Conducted: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Other Staff Members Present: \_\_\_\_\_

Time for Total Evacuation: \_\_\_\_\_

Brief Description of What Was Involved: \_\_\_\_\_

\_\_\_\_\_

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4. Date of Rehearsal: \_\_\_\_\_ Time of Rehearsal: \_\_\_\_\_ Day: \_\_\_\_\_

Type of Drill Conducted: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Other Staff Members Present: \_\_\_\_\_

Time for Total Evacuation: \_\_\_\_\_

Brief Description of What Was Involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Qualified Professional Job Description

1. Must possess a license, provisional license, certificate, registration, or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in mh/dd/sa with the population served; or a graduate of a college or a university with at Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has one year of full-time, post graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or a graduate of a college or a university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has two years of full-time, post bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or a graduate of a college or a university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.
2. Is responsible for the overall personal care plans for each client at time due throughout the facility. Reporting incidents to the IRIS system as they occur.
3. Is responsible for arranging the training and supervision of all staff. Monitor staff and make any necessary changes or further training as needed.
4. Is responsible for checking the assigned paperwork in the homes on timely basis
5. Reviews all information on prospect of new clients, gathers further information, and reports to administrator/director for final approval of admission.
6. Assures that all consumers are treated with respect and that their needs are met in a cheerful, competent manner
7. Cooperates with licensing, monitoring, and inspection agencies
8. Assures that the clients have the opportunity to participate in meaningful activities
9. Assures client's confidentiality
10. Ensures that services are provided in a non-discriminatory way

11. Assures the continuous maintenance of all standards and regulations and the implementation of the policies and procedures
12. Responsible for meeting visitors, responsible parties, and dealing with family members
13. Discharges clients from facility and gathers all of client's record for filing, completes all required discharged information.
14. Monitors medication in homes, checks medication, doctor's orders and fl-2. Check medication bi-weekly.
15. Provides assistant to staff that needs assistant with clients in crisis.
16. Completes client's books upon admission. Making sure all documentation that is required is in book.
17. Monitor doctor's appointments. Follow up with staff after clients attend appointments for medication change or referrals.
18. Reports directly to the administrator/director, any indications of abuse, neglect and/or exploitation.
19. Reports directly to the administrator/director if any staff is in not in compliance of rules and regulations.
20. Contact families for team treatment meetings and semi-annually to see if there have any concerns or recommendations about the facility.

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QP sign and date



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

October 18, 2018

Priscilla Hardison, Director  
Wendy Jones, Administrator  
Wooded Acres Guest Home, Inc.  
3706 Cherry Road  
Washington, NC 27889

DHSR - Mental Health

NOV 13 2018

Lic. & Cert. Section

Re: Annual and Follow-Up Survey completed 10/15/18  
Wooded Acres #3, 3680 Cherry Road, Washington, NC 27889  
MHL # 007-055  
E-mail Address: wjones@woodedacres.org

Dear Ms. Hardison and Ms. Jones:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed October 15, 2018.

As a result of the follow up survey, it was determined that the deficiency is 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 deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 14, 2018.

**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.

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.**

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



October 18, 2018  
Wooded Acres Guest Home, Inc.  
Priscilla Hardison, Director  
Wendy Jones, Administrator

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, South Coastal Team Leader, at 252-568-2744.

Sincerely,



Connie Anderson  
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

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL007-055	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/15/2018
NAME OF FACILITY WOODED ACRES #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3680 CHERRY ROAD WASHINGTON, NC 27889	

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 V0364	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # G.S. 122C- 62	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/15/2018	LSC _____		LSC _____	
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 _____	
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 	DATE 10/15/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/28/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		