

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
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NAME OF PROVIDER OR SUPPLIER HAMPTON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 115 THORNTON COURT GREENSBORO, NC 27407
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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 survey was completed on January 4, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 _____

JAN 23 2019

Lic. & Cert. Section

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to develop and implement strategies in the treatment/habilitation plans to address the client's needs affection 2 of 3 clients (#1 and #2). The findings are:</p> <p>Review on 1/4/19 of client #1's record revealed: -An admission date of 4/3/11 -Diagnoses of Mental Retardation, Major Depressive Disorder and Obsessive Compulsive Disorder -An assessment dated 4/3/11 noting "needs assistance with bathing, history of self-injurious behaviors, likes to keep his living area neat, likes Special Olympics, needs monitoring both in the group home and the day program, will take things that do not belong to him, attends the day program three times per week, crises my occur when he gets into unsafe situations such as the trash can and was raised in foster care." -A treatment plan dated 5/3/18 noting "will continue to attend the day program and that will assist him with different techniques and skills to become more productive, will take out the recycling items with supervision, will load the washer and put clothes in the dryer, will maintain his mental health appointments and will participate in extracurricular activities." -No documentation of goals or strategies to address client #1's tendency to take items that do not belong to him.</p> <p>Review on 1/4/19 of client #2's record revealed: -An admission date of 3/4/13 -Diagnoses of Moderate Mental Retardation, Bells' Palsy, Prostate Cancer and Intermittent Explosive Disorder -An assessment dated 3/4/13 noting, "can be</p>	V 112	<p>Client #1 will stop taking items that do not belong to him. Client #1 will be monitored when he's coming and going - 7 days a week at group home and 3 days/week at day program. Group home staff and Day program staff will provide support/ intervention Medication Management</p>	<p>(1/14/19-) (1/14/20)</p>

Division of Health Service Regulation

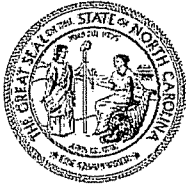
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V 112	<p>Continued From page 2</p> <p>verbally abusive, total assistance with bathing, needs assistance dressing, able to ambulate independently, needs medication management, very friendly, attends the day program, needs verbal prompts, has a tendency to be intrusive with people and their personal space and will not pull up his pants."</p> <p>-A treatment plan dated 1/12/18 noting "will learn how to make his bed and will learn to hang up his clean clothes."</p> <p>-No documentation of goals or strategies to address client #2's tendency to be intrusive with people and their personal space.</p> <p>Interview on 1/4/19 with client #1 revealed: -Denied taking items that did not belong to him.</p> <p>Observation and interview on 1/4/19, at approximately 11:10am, with client #2 revealed: -Immediately got into this surveyor's personal space (stood directly next to the surveyor and had no boundaries) -Showed surveyor the beads he strung together to make both bracelets and necklaces -Had to be verbal prompted several times to step back</p> <p>Interview on 1/4/19 with the Qualified Professional/Licensee (QP/L) revealed: -Was in the process of updating client #2's treatment plan as it will expire in January 2019 -"The clients are Mentally Retarded and don't do much (as to why there was no goals or strategies in their treatment plans). What can you suggest?" -Stated client #1 has a tendency to take things which do not belong to him. -"[Client #1] recently took the ice maker out of the new refrigerator. It was in a plastic bag and I guess I can incorporate this (taking things that do not belong to him) into his treatment plan ..."</p>	V 112	<p>Client #2 will increase (1/14/19-1/14/20) his social skills to include but not limited to displaying his ability to obtain and maintain friendships with others by respecting the personal space of others when interacting with them. He will learn how to stay arms length and not intrude on others conversations 3 days/week at Day Program and 7 days/week at group home.</p>	

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V 112	Continued From page 3 -Client #2 visited often with his family -"When [client #2] returns from his visits, I have to start all over with him about not being in people's personal space. His family allows this to occur. I have spoken to them about it ..." -Would put a goal and strategies in client #2's treatment plan to address his invasion of other's personal space.	V 112	Day Program Staff Group Home Staff will be responsible for the monitoring medication Manage- ment	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

January 9, 2019

Tracey Johnson
Tracey Johnson
115 Thorton Court
Greensboro, North Carolina 27407

DHSR - Mental Health

JAN 23 2019

Lic. & Cert. Section

Re: Annual Survey completed January 4, 2019
Hampton Group Home, 115 Thorton Court, Greensboro, North Carolina 27407
MHL # 041-771
E-mail Address: hamptondrivegrouphome@hotmail.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual survey completed January 4, 2019. A deficiency was 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- A standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is March 3, 2019.

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

Tracey Johnson 1-14-19

January 9, 2019
Tracey Johnson
Ms. Tracey Johnson

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 Barbara Perdue at (336) 861-6283.

Sincerely,
Laura Rodriguez

Laura Rodriguez, CI/I
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
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