STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-187	A. BUILDING: ______ B. WING ______	R 01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEESONS OF CHANGE	**1536 MORNINGSIDE DRIVE BURLINGTON, NC 27217**

(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, follow-up and complaint survey was completed on January 30, 2019. The complaint was unsubstantiated (intake #NC00147703). There were deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal	V 107		

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V 107	Continued From page 1 conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each staff employed personnel record included educational credentials for the staff #2 and the House Manager. The finding are: Review on 1/30/19 of the House Manager's personnel record revealed: - Hire date: 8/11/15. - Job title: House Manager/Live-In Staff. -There was no evidence of educational credentials. Review on 1/30/19 of Staff #2 personnel record revealed: - Hire date: 6/22/10. - Job title: Paraprofessional/PRN (As needed). -There was no evidence of educational credentials.	V 107		

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V 107	Continued From page 2 Interview on 1/30/19 with the Director confirmed the House Manager and staff #2's personnel record did not include educational credentials.	V 107		
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:	V 112		

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V 112	Continued From page 3 Based on record reviews and interviews, the facility failed to ensure the treatment plan included goals and strategies to address identified behaviors for one of three audited clients (#5). The findings are: Review on 1/30/19 of Client #5's record revealed: -Admission date of 5/20/13. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Mild Intellectual Disability and Hepatitis C. -Treatment Plan dated 12/29/18. -There were no goals and strategies to address behaviors of stealing. Interview on 1/30/19 with the Director and House Manager revealed: -Client #5 "steals everything." -Client #5 would steal food and other client's personal items. -Client #5 would wait until clients leave and/or take a shower went to the bedrooms at stole clothing and jewelry. -Confirmed stolen items would be found in client #5's bedroom. -Client #5 would return stolen items when asked by staff. -Client #5 stole from clients in the day program and was physically harm. -Denied any physical aggression from other clients towards client #5. -They explained to clients about client #5's behavior to prevent physical aggression. -The last time client #5 stole something from another client was two weeks ago. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		

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V 290	Continued From page 4	V 290		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on	V 290		

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V 290	Continued From page 5 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the community and home affecting one of three audited clients (#1). The findings are: Review on 1/30/19 of Client #1's record revealed: -Admission date 3/17/17. -Diagnoses of Schizoaffective Disorder, Bipolar Type and Cannabis Disorder. -Treatment Plan dated 7/4/18. -There was no assessment that demonstrated client was capable of unsupervised in the community and home. Interview on 1/30/19 with the Director revealed: -Confirmed client #1 had unsupervised time in the community and home. -He reported an assessment for unsupervised time was completed. -Unsupervised time in the community and not the home was documented in the treatment plan. -He was unable to locate the assessment for unsupervised time. This deficiency has been cited one time since the original cite on June 26, 2017 and must be corrected within 30 days.	V 290		

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V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of	V 500		

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V 500	Continued From page 7	V 500		

restrictive interventions.
(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:
(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);
(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and
(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.

This Rule is not met as evidenced by:
Based on observation and interviews, the facility failed to implement a policy meeting general statue 122C-62 (b) (e) when restricting client rights for six of six clients (#1,#2, #3,#4 #5 and #6). The findings are:

Observation on 1/30/19 at 8:30 a.m. revealed:
-There was a white cord wrapped around the refrigerator with a key lock.
-There was a key lock on the kitchen cabinets that stored dry foods and snacks.

Interview on 1/30/19 with clients revealed:
-The refrigerator and cabinets were locked because some clients stole food.
-They were okay with the locks on the

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V 500	Continued From page 8 refrigerator. Interview on 1/30/18 with the Director and House Manager revealed: -Confirmed the refrigerator and kitchen cabinets were locked. -Client #5 stole the food. -The refrigerator was unlocked during breakfast, lunch and dinner. -The cabinets were locked all day. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 500		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are: Observation on 1/30/19 at 9:00 a.m. revealed: -The screen door on the front door was torn. -The back yard screen porch was torn. -The back yard had clothing on the floor and back yard equipment spread around. -The client's bedrooms hard wood floor needed sweeping. -There was dust on the furniture in the client's bedrooms.	V 736		

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V 736	Continued From page 9 -Client #2 had a single bedroom and needed a clothing hamper and garbage can. Interview on 1/30/19 with the Director revealed: -He rented the home and would screen door to landlord. -Confirmed the above items needed to be addressed.	V 736		