

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 February 27, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide necessary training to meet the needs of the clients affecting 2 of 3 audited staff (Qualified Professional #1 and Qualified Professional #2/Executive Director). The findings are:</p> <p>Review on 2/19/19 of Client #1's record revealed: -Admission date of 6/1/16; -Diagnoses of Depression Disorder Not Otherwise Specified, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Moderate Intellectual Developmental Disability, Exhibitionism, Urinary Incontinence, Nocturnal Enuresis, Constipation, Vitamin D Deficiency; -History of sexualized behaviors.</p> <p>Review on 2/19/19 of the Qualified Professional #1's record revealed: -No documentation of training in working with clients with sexualized behaviors.</p> <p>Review on 2/21/19 of the Sign-in In-service Document dated 6/28/17 for Health and Human Sexuality Training revealed: -The Alternative Family Living (AFL) Provider was trained but the Qualified Professional #1 and Qualified Professional #2/Executive Director were not trained.</p> <p>Interview on 2/21/19 with the Qualified</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 108	<p>Continued From page 2</p> <p>Professional #1 revealed: -Just took the case over on 2/19/19; -Prior to 2/19/19, the Qualified Professional #2/Executive Director was covering the facility for four months (November, 2018 - February, 2019) as the Qualified Professional.</p> <p>Interview on 2/19/19 with Qualified Professional #2/Executive Director revealed: -Provided training in sexualized behaviors to all staff approximately 2 years ago; -No additional recent training in Health and Human Sexuality has been provided.</p> <p>Interview on 2/21/19 with the AFL Provider revealed: -Client #1 had not displayed any sexualized behaviors in over two years.</p> <p>Interview on 2/27/19 with the Qualified Professional #2/Executive Director revealed: -Will ensure all staff who are involved in Client #1's treatment will receive updated training in Health and Human Sexuality as soon as possible.</p>	V 108		
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: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 112	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement strategies to address the needs of the clients affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 2/19/19 of Client #1's record revealed: -Admission date of 6/1/16; -Diagnoses of Depression Disorder Not Otherwise Specified, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Moderate Intellectual Developmental Disability, Exhibitionism, Urinary Incontinence, Nocturnal Enuresis, Constipation, Vitamin D Deficiency; -History of sexualized behaviors; -Treatment plan dated 12/1/18 did not include strategies to address sexualized behaviors.</p> <p>Review on 2/21/19 of the Sign-in In-service Document dated 6/28/17 for Health and Human</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 112	<p>Continued From page 4</p> <p>Sexuality Training revealed: -The Alternative Family Living (AFL) Provider received training in Health and Human Sexuality.</p> <p>Interview on 2/21/19 with the Qualified Professional #1 revealed: -Just took the case over on 2/19/19; -Prior to 2/19/19, the Qualified Professional #2/Executive Director was covering the facility for four months (November, 2018 - February, 2019) as the Qualified Professional; -Was not familiar with the specifics of Client #1's treatment plan.</p> <p>Interview on 2/21/19 with the AFL Provider revealed: -Client #1 had not displayed any sexualized behaviors in over two years.</p> <p>Interview on 2/27/19 with Qualified Professional #2/Executive Director revealed: -Had been the Qualified Professional for Client #1 during the transition between Qualified Professionals (November, 2018 - February, 2019). -Will ensure Client #1's treatment plan is updated to include strategies for sexualized behaviors.</p>	V 112		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 289	<p>Continued From page 5</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 289	<p>Continued From page 6</p> <p>(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide services within the scope of their program affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 2/19/19 of the Division of Health Service Regulation Mental Health License effective January 1, 2019 revealed: -The facility is licensed to provide services for Alternative Family Living (AFL) placement; -The capacity at the facility is 3; -The facility is not licensed to provide Respite services.</p> <p>Interview on 2/20/19 with Client #1 revealed: -Lived at the facility with the AFL Provider; -Sometimes other clients sleep at the facility.</p> <p>Interview on 2/21/19 with the Special Investigations Unit of the Local Management Entity revealed: -Several billing patterns to indicate that more than one client has received services at the facility.</p> <p>Interview on 2/21/19 with the AFL Provider</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE & FRASER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10514 OLD BRIDGE LANE CHARLOTTE, NC 28269
--	---

(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 289	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> -Client #1 is the only client who resides at the facility; -Sometimes other clients are at the facility as needed but do not "stay" at the facility; -If any mistake was completed in having other clients at the facility for any time period, this would not happen again. It was a misunderstanding. <p>Interview on 2/27/19 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> -A total of four other clients who receive services under the Licensee has stayed at the facility for respite services from time period since October, 2018 to present in vacant AFL beds; <p>Interview on 2/27/19 with the Qualified Professional #2/Executive Director revealed:</p> <ul style="list-style-type: none"> -Will ensure that vacant AFL beds are no longer used as Respite beds. 	V 289		