Division of Health Service Regulation

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		

DHSR - Mental Health
MAR 0 8 2019
Lic. & Cert. Section

Division of Health Service Regulation

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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	2/15/19 V107 Please see attached documents to confirm citation is corrected. Second check of Para-professional's file allowed me to locate His GED Certificate. House Manager's HS diploma was previously in her file, no explanation as to why it didn't remain there, but has since been put back in file.	

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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	Director will check files monthly for updated certifications needed and any missing documentations	
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	V290 This citation has been addressed and corrected. Director, House Manager and QP met to discuss the various options and consequences that could be implemented and applied to client #5 to manage his habit of stealing. It was decided that two privileges would be suspended, no cigarettes for 24 hr period and/or 1 day suspension from attending PSR (which client #5 enjoys). This is included in amended PCP of client #5. House Manager will monitor Client 5 daily to prevent or report any stealing done by this client.	2/13/19

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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	V290 This violation has been corrected. Original assessment and PCP allows for unsupervised time in the community but didn't specify in the home. Amended PCP and assessment now reflects that. Director and QP will double check PCPs and Assessments in the future to make sure complete information is included whenever client qualifies for unsupervise time in the community and home.	2/19/19

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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	V500 This citation was corrected on this date by re-establishing a Clients Rights Committee made up of 3 clients, House Manager and Director. Various topics were discussed with the highlights being on the locks on refrigerator and cabinets. It was unanimously agreed upon by all 3 clients of the committee, and even the 3 non committee clients (including client #5) that the locks should remain. It was agreed that the committee would meet quarterly, however, any client	2/13/19

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V 500	Continued From page 7 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	V 500	of the committee could present any question, concern, issue or complaint to the Director any time in between quarterly meetings and a "called meeting could be held if needed.	

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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	V 736 This citation was addressed and corrected except for replacing torn screens on door and porch. Clients were demostrated to how they should sweep their rooms daily and dust their furniture weekly and would have these tasks checked by the House Manager. All clothing has been removed from the floor and equipment properly stored. Director will check this at each appearance	1/31/19

Continued

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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	at the facility. V736 This citation has been corrected. Client #2's clothing hamper was in the wash room when inspection was facilitated and his trash can was in his closet where he had put it.	1/31/19

Alamance Community College
Continuing Education

UNOFFICIAL REPORT OF GED TEST SCORES

LAST NAME: [redacted] FIRST NAME: [redacted] MID. INIT: [redacted]

STREET ADDRESS: [redacted]

CITY: [redacted] STATE: **NC** ZIP CODE: [redacted]

SSN: [redacted] DOB: [redacted]

WRITING DATE:	**03-01-1993**	SCORE:	**49**
SOCIAL STUDIES DATE:	**03-17-1993**	SCORE:	**52**
SCIENCE DATE:	**03-24-1993**	SCORE:	**48**
LITERATURE DATE:	**03-08-1993**	SCORE:	**49**
MATH DATE:	**03-31-1993**	SCORE:	**47**
		TOTAL SCORE:	**245**

PASSED: **YES** COMPLETION DATE: **03-31-1993**

Two score requirements must be met to obtain a North Carolina High School Diploma Equivalency: A standard score of at least 35 on each test AND a total standard score of at least 225 on all five tests.

The High School Diploma Equivalency is issued by the North Carolina Board of Community Colleges and mailed directly to the recipient at the above address.

CHIEF EXAMINER: C. Kate Barnett

DATE: **06-10-2013**

GED TESTING CENTER
ALAMANCE COMMUNITY COLLEGE
P. O. BOX 8000
GRAHAM, NC 27253

Alamance Community College

ALAMANCE COMMUNITY COLLEGE
RECORDS OFFICE
PO BOX 8000
GRAHAM, NC 27253

STUDENT NAME: [redacted]
STUDENT SSN: [redacted]
BIRTH DATE: [redacted]
ISSUE DATE: March 5 2019

OFFICIAL TRANSCRIPT

DESCRIPTION

Curriculum:

Course	Title/Comments	Grd	Repeat	Hrs Att	Hrs Cmpl	Grade Points	Course Dates
	1995 Fall Term						
EDU-125	Child Care Credential I	A		2.00	2.00	8.00	08/21/95-12/16/95
		Term Totals:		2.00	2.00	8.00	GPA = 4.000
		Cumulative Totals:		2.00	2.00	8.00	GPA = 4.000
	1997 Fall Semester						
COS-111	Cosmetology Concepts I	A		4.00	4.00	16.00	08/21/97-12/20/97
COS-112	Salon I	B		8.00	8.00	24.00	08/21/97-12/20/97
ENG-115	Oral Communication	D		3.00	3.00	3.00	08/21/97-12/20/97
		Term Totals:		15.00	15.00	43.00	GPA = 2.867
		Cumulative Totals:		17.00	17.00	51.00	GPA = 3.000
	1998 Spring Semester						
COS-113	Cosmetology Concepts II	WP		4.00	0.00	0.00	01/07/98-05/11/98
COS-114	Salon II	WP		8.00	0.00	0.00	01/07/98-05/11/98
		Term Totals:		12.00	0.00	0.00	GPA = 0.000
		Cumulative Totals:		29.00	17.00	51.00	GPA = 3.000
	2000 Spring Semester						
COS-113	Cosmetology Concepts II	WP		4.00	0.00	0.00	01/06/00-05/05/00
COS-114	Salon II	WP		8.00	0.00	0.00	01/06/00-05/05/00
		Term Totals:		12.00	0.00	0.00	GPA = 0.000
		Cumulative Totals:		41.00	17.00	51.00	GPA = 2.429
	2008 Spring Semester						
CIS-110**	Introduction to Computers	C		3.00	3.00	6.00	01/14/08-05/09/08
MAT-115	Mathematical Models	C		3.00	3.00	6.00	01/14/08-05/09/08
OST-131	Keyboarding	F		2.00	0.00	0.00	01/14/08-05/09/08
OST-136	Word Processing	B		2.00	2.00	6.00	01/14/08-05/09/08
SOC-210**	Introduction to Sociology	F		3.00	0.00	0.00	01/14/08-05/09/08
		Term Totals:		13.00	8.00	18.00	GPA = 1.385
		Cumulative Totals:		54.00	25.00	69.00	GPA = 2.029
	2008 Summer Semester						
EDU-119	Intro to Early Childhood Ed	B		4.00	4.00	12.00	05/16/08-07/11/08
EDU-146*P	Child Guidance	A		3.00	3.00	12.00	05/16/08-07/11/08
		Term Totals:		7.00	7.00	24.00	GPA = 3.429
		Cumulative Totals:		61.00	32.00	93.00	GPA = 2.268

Academic Standing: Good Standing

	2008 Fall Semester						
OST-141	Med Terms I-Med Office	C		3.00	3.00	6.00	08/18/08-10/16/08
OST-131	Keyboarding	WP		2.00	0.00	0.00	08/18/08-12/13/08
OST-142	Med Terms II-Med Office	D		3.00	3.00	3.00	10/17/08-12/13/08
OST-164	Text Editing Applications	F		3.00	0.00	0.00	08/18/08-12/13/08
OST-184	Records Management	F		2.00	0.00	0.00	08/18/08-12/13/08
		Term Totals:		13.00	6.00	9.00	GPA = 0.818
		Cumulative Totals:		74.00	38.00	102.00	GPA = 1.962

DESCRIPTION

Curriculum:

Course	Title/Comments	Grd	Repeat	Hrs Att	Hrs Cmpl	Grade Points	Course Dates
	2009 Spring Semester						
ENG-111**	Expository Writing	B		3.00	3.00	9.00	01/12/09-05/08/09
OST-131	Keyboarding	C		2.00	2.00	4.00	01/12/09-05/08/09
OST-247	CPT Coding in the Med Off	B		2.00	2.00	6.00	01/12/09-05/08/09
OST-248	Diagnostic Coding	B		2.00	2.00	6.00	01/12/09-05/08/09
PSY-150**	General Psychology	C		3.00	3.00	6.00	01/12/09-05/08/09
		Term Totals:		12.00	12.00	31.00	GPA = 2.583
		Cumulative Totals:		86.00	50.00	133.00	GPA = 2.078

Academic Standing: Good Standing

	2009 Summer Semester						
OST-148	Med Coding Billing & Insu	A		3.00	3.00	12.00	05/18/09-07/13/09
		Term Totals:		3.00	3.00	12.00	GPA = 4.000
		Cumulative Totals:		89.00	53.00	145.00	GPA = 2.164

Academic Standing: Part Time Honors

	2009 Fall Semester						
ACC-120*P	Prin of Financial Accounting	D		4.00	4.00	4.00	08/17/09-12/12/09
HUM-110**	Technology and Society	F		3.00	0.00	0.00	08/17/09-12/12/09
MAT-140**	Survey of Mathematics	C		3.00	3.00	6.00	08/17/09-12/12/09
MAT-140A*P	Survey of Mathematics Lab	C		1.00	1.00	2.00	08/17/09-12/12/09
OST-184	Records Management	D		3.00	3.00	3.00	08/17/09-12/12/09
		Term Totals:		14.00	11.00	15.00	GPA = 1.071
		Cumulative Totals:		103.00	64.00	160.00	GPA = 1.975
	2010 Spring Semester						
ACC-122	Prin of Financial Acct II	F		3.00	0.00	0.00	01/11/10-05/08/10
ACC-140	Payroll Accounting	WP		2.00	0.00	0.00	01/11/10-05/08/10
ACC-149	Intro to Acc Spreadsheets	WP		2.00	0.00	0.00	01/11/10-05/08/10
OST-134	Text Entry & Formatting	F		3.00	0.00	0.00	01/11/10-05/08/10
OST-241	Med Ofc Transcription I	WP		2.00	0.00	0.00	01/11/10-05/08/10
		Term Totals:		12.00	0.00	0.00	GPA = 0.000
		Cumulative Totals:		115.00	64.00	160.00	GPA = 1.839

Academic Standing: Academic Probation

Note:
The courses with double asterisks are UNC Core Hour courses.
The courses with *P are CAA courses (prior to 2014).

DESCRIPTION

Continuing Education:

Course	Title/Comments	Grd	Repeat	Contact Hrs	CEU's (if appl)	Course Dates

END OF TRANSCRIPT

Kenneth P. Dobbins
REGISTRAR

An official transcript is printed on copy safe paper, does not require a raised seal, and is valid only when it bears the signature of the appropriate college official. Copies issued to students will have "Issued to Student" printed on the transcript.

ACCREDITATION

Accredited by the Commision of Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097: Telephone number 404-679-4500) to award the Associate of Arts, the Associate of Science, and the Associate of Applied Science.

TRANSCRIPT VALIDATION

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NOTE

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, TRANSCRIPTS MAY NOT BE RELEASED TO A THIRD PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT.

02/13/19

CLIENT'S RIGHT COMMITTEE MEETING

Committee Participants:

[redacted]/Resident

[redacted]/Resident

[redacted]Resident

Billie Jones/Manager

Tyson Fearrington/Director

Meeting was opened by stating its purpose and the roles each participant would have. Each of the residents on the committee was explained that they represent all residents and are able to speak in *their behalf's. The main topics of this meeting was its purpose and the locks on the cabinets and* refrigerator . Each resident representative was very adamant to leave the locks as is. Director polled the remaining residents and all were equally adamant, even client #5. It was agreed and decided to allow the locks to remain and revisit again May at next Client's Rights Meeting. Residents had no other issues or concerns to present.

[redacted] Feb 13, 19

[redacted] 2/13/19

[redacted] 2/13/19

Billie Jones 2/13/19

Tyson Fearrington 2/13/19