

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-498</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE#1, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3116 CEDARWOOD DRIVE DURHAM, NC 27707</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A follow-up and complaint survey was completed on May 16, 2019. The complaint was substantiated (intake #NC00150430). There were deficiencies 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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a current treatment plan for one of three audited clients (#4). The findings are:</p> <p>Review on 5/16/19 of client # 4's record revealed: -Admission date of 9/11/18. -Diagnosis of Schizophrenia and Graves' Disease. -Treatment Plan dated 4/1/18. -There was no current treatment plan in the client's record.</p> <p>Interview on 5/16/19 with the Program Coordinator revealed: -Treatment plans were completed by the day program. -If clients did not attend a day program the Qualified Professional would complete the treatment plan. -Client #4 attended a day program Monday-Friday. -Confirmed there was no current treatment plan in client #4's record.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number;</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>(C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the</p>	V 113		

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V 113	<p>Continued From page 3</p> <p>facility failed to ensure records were completed for one of three audited clients (#4). The findings are:</p> <p>Review on 5/16/19 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 9/11/18.</li> <li>-Diagnoses Schizophrenia and Graves' Disease.</li> <li>-There was no screening and/or assessment.</li> <li>-There was no presenting problem.</li> <li>-There was no permission to seek emergency care consent form.</li> </ul> <p>Interview on 5/16/19 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for completing client's assessment.</li> <li>-The assessment was completed and given to staff to put in the chart.</li> <li>-She would locate the assessment and place in client #4's record.</li> </ul>	V 113		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <ul style="list-style-type: none"> <li>(1) one or more minor clients; or</li> <li>(2) two or more adult clients.</li> </ul> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>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)&amp;(B); (6); (7) (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</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>(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 record review and interviews, the facility failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for three of three clients (#1, #3 and #4). The findings are:</p> <p>Review on 5/16/19 of the facility license revealed the facility is licensed as a 5600C Supervised Living Facility. Review of the Rules for Mental Health Developmental Disabilities and Substance Abuse Facilities and Services revealed "C" designation means a facility which serves adults whose primary diagnosis is developmental disability but may also have other diagnoses.</p> <p>Review on 5/16/19 of client #1's record revealed: -Admission date of 4/16/14. -Diagnosis of Schizophrenia-Unspecified Type. -There was no documentation of a developmental disability diagnosis.</p> <p>Review on 5/16/19 of client #3's record revealed: -Admission date of 2/14/19. -Diagnosis of Schizophrenia Disorder, Bipolar Type and Cognitive Dementia. -There was no documentation of a developmental disability diagnosis.</p> <p>Review on 5/16/19 of client # 4's record revealed: -Admission date of 9/11/18. -Diagnosis of Schizophrenia and Graves' Disease.</p>	V 289		

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V 289	Continued From page 6  -There was no documentation of a developmental disability diagnosis.  Interview on 5/16/19 with the Program Coordinator and Licensee revealed: -Client #1 was seen by her physician on 3/22/19 for psychological referral; to date no referral made. -They would ask client's psychiatrist for psychological referral. -Client's at the group home received outpatient treatment from same community clinic. -There was no documentation of client #1, #3 and #4 having a primary diagnosis of a developmental disability.	V 289		
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	V 290		

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V 290	<p>Continued From page 7</p> <p>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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>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 in the treatment or habilitation plan affecting two of three audited clients (#1 and #4). The findings are:</p> <p>Review on 5/16/19 of client #1's record revealed: -Admission date of 4/16/14. -Diagnosis of Schizophrenia-Unspecified Type. -Treatment Plan dated 3/8/19. -Unsupervised time assessment was completed</p>	V 290		



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V 290	<p>Continued From page 8</p> <p>in 2016.</p> <ul style="list-style-type: none"> <li>-There was no evidence of the amount of unsupervised time allowed.</li> </ul> <p>Review on 5/16/19 of client # 4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 9/11/18.</li> <li>-Diagnosis of Schizophrenia and Graves' Disease.</li> <li>-Treatment Plan dated 4/1/18; expired.</li> <li>-There was no assessment that demonstrated client was capable of unsupervised in the community.</li> <li>-There was no evidence of the amount of unsupervised time allowed.</li> </ul> <p>Interview on 5/16/19 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-Curfew was at 10:00 or 11:00 p.m.</li> <li>-Client #1 walked around the neighborhood.</li> <li>-There were no complaints from neighbors.</li> <li>-Client #4 attended day program Monday-Friday.</li> <li>-Client #4 was not transported to the day program by staff.</li> <li>-She didn't know whether client #4 was going to her day program.</li> <li>-"I know client #4 panhandled."</li> <li>-Client #4 made her own doctor appointments.</li> <li>-Client #4 would show up at the outpatient clinic without an appointment when she needed to talk.</li> <li>-Client #4 was admitted with unsupervised time.</li> <li>-Clients were assessed for unsupervised time after two weeks upon admission.</li> <li>-Confirmed there was no assessment that demonstrated client #4 was capable of unsupervised time.</li> <li>-Confirmed there was no evidence of the amount of unsupervised time was allowed for client #1 and client #4.</li> </ul>	V 290		

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V 736 V 736	<p>Continued From page 9</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>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:</p> <p>Observation on 5/16/19 at 9:00 a.m. revealed: -The back shared bedroom had tape marks covering the wall. -Shared bedroom by the kitchen did not have blinds or curtains. -The living room window did not have blinds or curtains. -There was an old television on the living room floor. -There was a lamp shade on top of the old television stored on the floor. -The tape holding down the cable wires between the kitchen and living room was ripped and worn. -There was a burgundy sofa stored in the front yard. -There was a brown head board on the side of the house. -The walls in the bedrooms, bathrooms and living room were dingy and needed to be painted.</p> <p>Interview on 5/16/19 with the Licensee revealed: -She was throwing out furniture and renovating the house.</p>	V 736 V 736		

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V 736	Continued From page 10  -She was aware that blinds or curtains needed to be put in the windows. -She would fix all items listed.	V 736		