

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2019
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NAME OF PROVIDER OR SUPPLIER THE SCOTT HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SECOND STREET ELIZABETH CITY, NC 27909
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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
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V 000	INITIAL COMMENTS A Complaint Survey was completed on May 02, 2019. The complaint was unsubstantiated (Intake #NC00149308). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or	V 291		

DHSR - Mental Health
JUN 05 2019
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Arnette D. Bowser MS APRN
STATE FORM 6899

TITLE
Program Manager
99JN11

(X6) DATE
5/30/19
If continuation sheet 1 of 3

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V 291	<p>Continued From page 1</p> <p>safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other Qualified Professionals responsible for treatment/habilitation or case management for one of two audited clients (#1). The findings are:</p> <p>Review on 04/29/19 of client #1's record revealed: -Admitted: 11/09/18 -Diagnoses included: Anxiety, Intellectual Developmental Disability Moderate, Williams Syndrome, Hypertension, Hernia, Osteoporosis and Anemia</p> <p>During interview on 04/29/19, the Qualified Professional reported: -In February 2019, client #1 made an allegation that her peer touched her on the buttocks and put his hands down her pants. -The agency conducted an internal investigation (which yielded inconclusive), met with their team/care coordinators, called the police, contacted department of social services and client #1 went home with her family -As preventive measures, the facility increased monitoring, limited their interaction time with each other without staff present and increased both their therapy appointments.</p> <p>During interview on 04/29/19, client #1 reported she could not recall the last time she visited her therapist.</p> <p>During interview on 05/02/19, client #1's therapist reported the following about client #1:</p>	V 291	<p>To be in compliance LIFE Inc. will do the following:</p> <p>1) Habilitation Coordinator will coordinate care by scheduling appointments and ensuring clients attend appointments as scheduled. If appointments are cancelled Habilitation Coordinator will reschedule at the earliest available appointment.</p> <p>Habilitation Coordinator will input all scheduled appointments into the Therap appointment calendar.</p> <p>Qualified Professional will assist with coordination of care and monitor appointment calendars to ensure appointments are kept.</p> <p>Nurse will review client consultations during quarterly chart review to ensure continuity of care.</p>	5/30/19

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Had seen client for over 2 years -Was last seen on March 6, 2019. -Had missed two 2019 appointments due to no shows (March 20, April 17) -Mom used to bring to appointments but the group home assumed that responsibility <p>During interview on 05/03/19, the Program Manager reported:</p> <ul style="list-style-type: none"> -The group home assumed responsibility to assure client #1 was taken to the therapy appointments -She was not aware client #1 had missed appointments and the appointments had not been rescheduled -She would contact the therapist's office to reschedule those appointments and assure the coordination of appointments moving forward 	V 291	<p>Appointment has been rescheduled for the earliest available appointment July 5, 2019.</p>	7/5/19
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