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
	MHL047-168	A. BUILDING: ______ B. WING ______	C 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SISTERLY LOVE	170 CLUB POND ROAD RAEFORD, NC 28376

(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 A complaint survey was completed on May 29, 2019. The complaint was unsubstantiated (intake #NC00151964). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27 G .5600A Supervised Living for Adults with Mental Illness	V 000	The Residential Director, QP will ensure that a Risk assessment is completed when determining the amount of unsupervised living time a consumer can receive in the community or facility. The Residential Director will also ensure the consumers sign in and out when using unsupervised time in the community in order to track the amount of unsupervised time the consumer is utilizing on a daily, weekly, and monthly basis. The Residential Director will ensure that a copy of the consumer's risk assessment is stored in the consumer's record and that all agencies involved in the consumer's treatment receives a copy of the consumer's Risk assessment. Residential Director, QP will ensure that social workers, guardians, as well as family members understand the process of how unsupervised time will be determined in the future. Upon exit interview with surveyor the Residential Director, QP completed a Risk assessment for the consumer receiving unsupervised time on May 30, 2019. DHSR-Mental Health JUN 1 2 2019 Lic. & Cert. Section	May 30,2019
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	V 290		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Residential Director (X6) DATE 6/6/19

Division of Health Service Regulation

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SISTERLY LOVE	170 CLUB POND ROAD RAEFORD, NC 28376

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V 290	Continued From page 1 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 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 interviews, the facility failed to assess a client's capability of having unsupervised time in the community without staff supervision affecting one of five clients (#1). The findings are: Review on 5/29/19 of client #1's record revealed: -Admission date of 9/26/16. -Diagnoses of Schizophrenia, Intellectual Disability, Diabetes and Hyperlipidemia. -There was no documentation that client #1 had been assessed for capability of having unsupervised time in the community without staff supervision. Interview with client #1 on 5/29/19 revealed: -He was allowed to have unsupervised time in the community without staff. -He would normally walk to church on Sundays. -He had been walking to church without staff	V 290		

Division of Health Service Regulation

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	MHL047-168	A. BUILDING: ______ B. WING ______	C **05/29/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SISTERLY LOVE	**170 CLUB POND ROAD** **RAEFORD, NC 28376**

(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 290	Continued From page 2 supervision for about a month. -He would normally be away from the home for about two hours. Interview on 5/29/19 with the Licensee/Qualified Professional revealed: -Client #1 had been using unsupervised time in the community without staff. -Client #1 just recently started using the unsupervised time in the community. -Client #1 would normally use the unsupervised time to go to church on Sundays. -Client #1's guardian approved the unsupervised time in the community. -She did not realize she had to complete an unsupervised time assessment for client #1. -She confirmed the facility failed to assess client #1's capability of having unsupervised time in the community.	V 290		

June 4, 2019

Tonia Ratliffe, Director
Higher Horizons, Inc.
170 Club Pond Road
Raeford, NC 28376

Re: Complaint Survey completed May 29, 2019
Sisterly Love, 170 Club Pond Road, Raeford, NC 28376
MHL # 047-168
E-mail Address: higher.horizons@yahoo.com
Intake # NC00151964

Dear Ms. Tonia Ratliffe:

Thank you for the cooperation and courtesy extended during the Complaint survey completed May 29, 2019. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is 7/28/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.

- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,

Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:
_DHSR_Letters@sandhillscenter.org
DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant