

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAIN ST UNIVERSAL GROUP HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 904 NATIONAL DRIVE GOLDSBORO, NC 27534
---	--

(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>A complaint survey was completed on June 12, 2019. The complaint was substantiated (intake #NC00152239). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to protect 1 of 2 audited</p>	V 512		

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: MHL096-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAIN ST UNIVERSAL GROUP HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 904 NATIONAL DRIVE GOLDSBORO, NC 27534
---	--

(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 512	<p>Continued From page 1</p> <p>clients (#1) from exploitation. The findings are:</p> <p>Review on 06/11/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> -53 year old male. -Admission date of 02/08/17. -Diagnoses of Schizoaffective Disorder, Diabetes, Hyperlipidema, Hypertension, Gastroesophageal reflux disease, and Chronic Obstructive Pulmonary Disease. <p>During interview on 06/11/19 client #1 revealed:</p> <ul style="list-style-type: none"> -He see's a therapist once a week. -He had his own checking account with a debit card. -He had his own access to his checking account and could use the money whenever he needed the money. -The Licensee used his debit card to pay the light bill for the facility. -The light bill was over a \$1000.00. -The licensee gave him money off of his rent for the following month because he was a private pay client. -He paid \$1248.00 a month for rent at the facility. -The Licensee had never used his debit card before. -He had told his therapist about the incident. <p>Review on 06/12/19 of client #1's personal funds documentation provided by the Licensee revealed:</p> <ul style="list-style-type: none"> -\$1248.00 was given to the Licensee for May 2019. -\$1015.00 was given to the Licensee on May 5, 2019. -\$233.00 was given to the Licensee on June 3, 2019. <p>During interview on 06/11/19 the Licensee revealed:</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAIN ST UNIVERSAL GROUP HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 904 NATIONAL DRIVE GOLDSBORO, NC 27534
---	--

(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 512	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Client #1 was a private pay client and paid cash at the beginning of each month for his rent at the facility. -She had not been paid by the Department of Social Services since April 2019 for several of her clients. -She had asked client #1 to pay his June rent early so she could pay the light bill. -She did use client #1's debit card to pay for the bill. -She took the amount of money he owed for the month of June and deducted what she had used for the light bill. -She had asked client #1 for an advance for the rent. 	V 512		