

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/09/2019
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE#1, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3116 CEDARWOOD DRIVE DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 8/9/19. The complaints were unsubstantiated (intake #NC00153553 and #NC00154179). Deficiencies were 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 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> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be 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</p>	V 289		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 289	<p>Continued From page 1</p> <p>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)&(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 (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 reviews and interview, 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</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>(#1, #2 and #3). The findings are:</p> <p>Review on 8/8/19 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 a developmental disability but may also have other diagnoses.</p> <p>a. Review on 8/8/19 of client #1's record revealed: -Admission date of 4/16/14. -Diagnosis of Schizophrenia-Unspecified Type. -Client #1 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>b. Review on 8/8/19 of client # 2's record revealed: -Admission date of 9/11/18. -Diagnoses of Schizophrenia, Graves' Disease, Cocaine Dependence, Tobacco Use Disorder, Neutropenia and Anemia. -Client #2 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>c. Review on 8/8/19 of client #3's record revealed: -Admission date of 2/14/19. -Diagnosis of Schizophrenia Disorder-Bipolar Type, Cognitive Dementia, Clozapine Induced Tachycardia, Osteopenia, Glaucoma, Constipation and Vitamin D Deficiency. -Client #3 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>Interview with the Licensee on 8/8/19 and 8/9/19 revealed: -She had psychiatric evaluations completed for clients' #1 and #2 just recently.</p>	V 289		

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V 289	Continued From page 3 -The agency completing the evaluations had not provided her with any paperwork. -She was not sure if she would be able to get the appropriate paperwork for client #3/ -She thought client #3 possibly did not have a developmental disability. -She confirmed there was no documentation of clients' #1, #2 and #3 having a primary diagnosis of a developmental disability. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 289		
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 interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 8/8/19 at approximately 10:40 AM of the facility revealed the following issues: -Den area-Light switch cover on wall was broken. The screen door handle was missing. -Kitchen area-Bottom of cabinet near sink had missing panels. -Client #5 bedroom-The nightstand drawer handle was missing and front panel to the drawer was	V 736		

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V 736	<p>Continued From page 4</p> <p>missing. The door was missing from the closet. There were numerous pin holes in the walls.</p> <ul style="list-style-type: none"> -Client #1 bedroom-There were dirt and water stains on the walls. The walls had numerous pin holes. -Bathroom #1-One of the doors to the cabinet was missing. The walls had numerous pin holes. -Client #4 bedroom-There were numerous pin holes in the walls. There were dirt stains in the walls. -Bathroom #2-There were numerous pin holes in the walls. There were dirt stains on the walls. -Clients' #3 and #5 bedroom-There were numerous pin holes in the wall. There were dirt stains on the walls. <p>Interview with the Program Manager on 8/8/19 revealed:</p> <ul style="list-style-type: none"> -They had talked to the landlord about the issues with the home. -It was difficult to get some of the repairs done because the landlord lives in another state. -Some of the major repairs had to be done by the landlord. -They had done some of the minor repairs to the group home. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. <p>Interview with Licensee on 8/8/19 confirmed:</p> <ul style="list-style-type: none"> -The facility was not maintained in a safe, clean, attractive and orderly manner. <p>This deficiency has been cited four times since the original cite on 10/12/16 and must be corrected within 30 days.</p>	V 736		