

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/07/2019
NAME OF PROVIDER OR SUPPLIER GRACELAND MANOR DDA #1		STREET ADDRESS, CITY, STATE, ZIP CODE 600 DOWFIELD DRIVE FAYETTEVILLE, NC 28301		
(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 An annual and follow up survey was completed on August 7, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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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 interviews, the facility failed to develop and implement strategies based on the client's needs, affecting one of three audited clients (client #5). The findings are:</p> <p>Review on 08/12/13 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 06/28/19. - Diagnoses as reflected on the Person Centered Plan dated 07/15/19 revealed: Schizoaffective Disorder, Diabetes Mellitus Type II and Microcytic Anemia. - "[Client #5] will learn how to utilize the local transient system to at least go and come from three different sites within the [local city] area within the next 60 days. - [Client #5] will work towards getting at least 2-3 hours per week of time to herself in the community..." - No strategies developed or implemented to address client #5's diabetes, use of public transportation, assessment for unsupervised time in the community. <p>During interview on 08/06/19 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> - She was waiting on additional history and background information from the guardian and day program for client #5. - Client #5 had not been assessed for unsupervised time for the home or the community. - She would work with the treatment team to revise/address the needs for client #5 on her Person Centered Plan. 	V 112		

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V 289	Continued From page 2	V 289		
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 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>	V 289		

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V 289	<p>Continued From page 3</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 review and interview the facility failed to ensure one of three (#5) clients diagnoses met the criteria they are licensed to serve. The findings are:</p> <p>Review on 08/06/19 of the facility license revealed: - The facility is licensed as a 5600C which is designated for adults with developmental disabilities.</p> <p>Review on 08/06/19 of client #5's record revealed:</p>	V 289		

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V 289	Continued From page 4 - Admission date of 06/28/19. - Diagnoses of Schizoaffective Disorder, Diabetes Mellitus Type II and Microcytic Anemia. -Review of Inpatient State Central Regional Hospital report dated 03/08/17 revealed client #5 "found not to be MR (mentally retarded)." - No primary diagnosis of a Developmental Disorder. During interview on 08/06/19 the Licensee/Qualified Professional stated: - She would attempt to apply for a waiver for client #5 to remain in the facility. - She had understood the FL-2 could meet the diagnostic criteria for a client to have a developmental diagnosis without any prior psychological testing/evaluation or history of a developmental disorder.	V 289		
V 369	G.S. 122C-6 Smoking Prohibited § 122C-6 SMOKING PROHIBITED; PENALTY (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area. (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall: (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it. (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.	V 369		

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V 369	<p>Continued From page 5</p> <p>(3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.</p> <p>(c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime.</p> <p>(d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on observation and interview , the facility failed to ensure that smoking was prohibited inside the facility. The findings are:</p> <p>Observation inside the facility on 08/06/19 at 1:30pm revealed the staff bedroom had a strong fresh cigarette smoke smell which emitted from inside the bedroom as the door was opened.</p> <p>During interview on 08/06/19 the Licensee/Qualified Professional stated: -No staff or clients were allowed to smoke inside the facility. -She would follow up to ensure staff smoked in designated areas outside of the facility.</p>	V 369		