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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2019
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NAME OF PROVIDER OR SUPPLIER POSITIVE PROGRESS SERVICES ADULT CEN*	STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST 2ND AVENUE RED SPRINGS, NC 28377
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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

An annual and complaint survey was completed on September 19, 2019. The complaint was unsubstantiated (intake #NC0015592). A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.

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

DHSR-Mental Health
OCT 04 2019
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Loise Hammond CEO</i>	TITLE	(X6) DATE 9/30/19
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

POSITIVE PROGRESS SERVICES ADULT CEN **110 EAST 2ND AVENUE**
RED SPRINGS, NC 28377

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V 112

Continued From page 1

V 112

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of five audited clients (#4). The findings are:

Review on 09/19/19 of client #5's record revealed:

- 50 year old male.
- Admission date of 12/17/18.
- Diagnoses of Mild Intellectual Developmental Disability, Unspecified Bipolar Disorder and History of Cocaine Use Disorder.

Review on 09/19/19 of client #4's Person-Centered Profile (PCP) dated 12/12/18 and updated 06/14/19 revealed:

- Goal 1: Learn Social Skills
- Goal 2: Learn Personal Care Skills.
- No documentation regarding client #4's ability to be unsupervised in the community.

Review on 09/19/19 of a Comprehensive Clinical Assessment for client #4 and dated 01/31/19 revealed:

- "...[Client #4] has been recommended for PSR (Psychosocial Rehabilitation) services due to the continued issues with managing mental health symptoms, reducing irritability, poor independent skills and poor engagement with living facility residents...[Client #4] reported that he has issues with waiting his turn and becoming impatient..."
- "Conflict relationships: residents within group home - client (#4) is irritable and has been verbally aggressive against others."

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - "What are the client and family's expectation of and preferences for this service..."I want to get out of the group home and live on my own. I want to learn how to be around other people without always getting mad." <p>Observation on 09/18/19 at approximately 2:45pm revealed:</p> <ul style="list-style-type: none"> - Client #4 was approximately 75 yards in front of the facility in an adjacent empty lot. - Client #4 walked approximately 100 yards to a local convent store. - No staff supervised client #4 while he was walking back to the facility. <p>Interview on 09/18/19 client #4 stated:</p> <ul style="list-style-type: none"> - He had been coming to the facility for 4 years. - The staff let him walk to the store by himself to purchase drinks and other items. <p>Interview on 09/18/19 the Licensee stated she understood clients needed to have documentation in their PCP's when they are left unsupervised in the facility.</p>	V 112		
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Appendix 1-B: Plan of Correction Form

Plan of Correction

<p style="text-align: center;">Plan of Correction</p>		<p style="text-align: center;">In lieu of mailing the form, you may e-mail the completed electronic form to:</p>	
<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</p>			
<p>Provider Name: Positive Progress Services</p>		<p>Phone: (910)521-7461</p>	
<p>Provider Contact Lorie Hammonds, CEO</p>		<p>Fax: (910)521-7463</p>	
<p>Person for follow-up: Tabitha Locklear, QM Director</p>		<p>Email: loriehammondspps@gmail.com tabithalocklearpps@gmail.com</p>	
<p>Address: 305 E. Third St. Suite 5, P.O. Box 1678, Pembroke, NC 28372</p>		<p>Provider # 3410205</p>	
<p>Corrective Action Steps</p>			
<p>Deficiency 1:</p> <p>Positive Progress Services failed to develop and implement strategies based on assessment affecting one of five audited clients.</p> <p>There is no documentation regarding client #4's ability to be unsupervised in the community. (Client walked to a nearby convenience store across from the facility and no staff supervised the client while he walked to and from the facility.)</p>	<p>If appropriate for the client based on assessment, the PCP will be developed to include a goal for that client to be able to function independently in the community without assistance from staff during program hours.</p> <p>PSR staff will monitor clients while they are outside of the building at all times to ensure the safety of the clients while they are attending the program during program hours. No client will be allowed to leave the premises unless they are escorted by a staff member or unless it is documented that they can walk to the convenience store without supervision to work on achieving their goals.</p> <p>PSR staff will meet with all clients to enforce and stress the importance of the facility rules and regulations and client expectations. PSR staff will also discuss with clients the consequences of not following the rules including but not limited to suspension and/or removal of privileges.</p> <p>The facility rules and client expectations will be posted in various locations in the facility so that all clients can be reminded of how they should behave while they are attending the program.</p> <p>The CEO and/or QM Director will visit the PSR facility once per week to ensure that all staff and clients are adhering to the rules and regulations.</p> <p>Management will provide monitoring during PSR staff meetings for the next 60 days that will focus on ensuring staff are adhering to rules and regulations of the facility and to discuss any clients that are not complying and the next steps to take to address behaviors.</p>	<p>Responsible Party</p> <p>CEO</p> <p>Quality Management Dept.</p> <p>Direct Care Staff</p>	<p>Time Line</p> <p>Implementation Date: 10/1/2019</p> <p>Projected Completion Date: 11/18/2019</p>