

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
--	---

(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 and follow up survey was completed on October 17, 2019. The complaint (Intake #NC00156883) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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		

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: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 10/17/19 of client #1's record revealed: -An admission date of 8/1/19 -Diagnoses of Autism Spectrum Disorder with Another Mental Disorder Requiring Substantial Support, Conduct disorder, Adolescent-Onset Type, Moderate and Panic Disorder -Age 17 ½ -An assessment dated 8/1/19 noting "is verbally aggressive, has a history of elopement, stealing and lying, has no structure, limited ability to socialize, needs individual outpatient therapy, medication management, is argumentative, history of prior hospitalizations, was neglect and abused by his mother, is defiant, needs constant supervision and was sexually assaulted by his sister." -An updated treatment plan, dated 10/15/19, noting "will identify and utilize skills learned to cope with anger, frustration appropriately by identifying his anger, utilizing coping skills, learn and practice new coping skills in therapy, will work on his ability to follow directions and show responsibility for his own actions, will not steal, will follow directions and engage in bi-weekly therapy sessions, will work on identifying impulsive thoughts and minimize acting on them, implement coping skills, follow routines without constant supervision, identify what behaviors are</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
--	---

(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 112	<p>Continued From page 2</p> <p>impulsive, will have access to 45 days or therapeutic leave each year, group home staff will be in compliance with a 1:4 ration for transportation and will sleep/rest in his assigned areas throughout the night by frequent room checks by group home staff."</p> <p>-An action plan, dated 10/15/19, noting "has consistently eloped from his current placement and admits that it is typically when things do not go his way, he has stolen from local stores and initiates verbal and physical altercations with peers and staff, has required hospitalizations and there has been extensive involvement from the local authorities, client has stated his intention to continue with his current behaviors in spite of pleas to comply with the group home's structure and he remains steadfast in his intent to reject the rules of his current placement."</p> <p>-No goals or strategies to address client #1's tendencies of elopement.</p> <p>Observation and interview on 10/17/19, at approximately 4:09pm, with client #1 revealed:</p> <p>-Would continue to elope from the facility when he wanted to.</p> <p>-Wanted to be placed in a level 4 facility</p> <p>-"If I can't go to a level 4, then I want to be in a mental hospital."</p> <p>-The reason he continued to elope was due to not wanting to be in a group home.</p> <p>-"When I was first placed here in 2015, I ran away and that got me moved to another placement."</p> <p>-Staff would only talk to him when he eloped.</p> <p>-"Their policy is to let me leave and call the police to look for me. I will come back when I feel like it, like I always have ..."</p> <p>Interview on 10/17/19 with client #2 revealed:</p> <p>-Client #1 ran from the facility a lot</p> <p>-"He hasn't done that in a couple of weeks."</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
--	---

(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 112	<p>Continued From page 3</p> <p>Interview on 10/17/19 with client #3 revealed: -Was admitted to the facility on 8/10/19 -Had seen client #1 run from the facility on several occasions -"But he hasn't run away in a while."</p> <p>Interview on 10/17/19 with staff #1 revealed: -When client #1 elopes, we talk about using his coping skills and the consequences before he acts out. Our policy is to call the police and report him missing."</p> <p>Interview on 10/17/19 with staff #2 revealed: -Stated client #1 runs "a lot" from the facility -"But he has done well the last week. He has done a 180." -Client #1 will tell the facility staff when he is going to elope from the facility -"Our policy is to try and talk him down when he is upset, encourage him to stay, but we cannot physically try to stop him. When he runs, we wait 20 minutes to see if he returns and then we alert the authorities."</p> <p>Interview on 10/17/19 with the Licensed Professional revealed: -Client #1 had a history of elopement. -Would run when he did not get his way -The Qualified Professional/Licensee (QP/L) was responsible for client #1's treatment plan. -The treatment plan was updated on 10/15/19 -"We had a treatment team meeting on 10/15/19. It was decided he needed a higher level of care. He will tell you he is going to run ..." -Had previously discussed putting a goal with strategies in client #1's treatment plan to address his elopement tendencies. -"There should have been a goal to address this, but there was not. I will get with [the QP/L] to add</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
--	---

(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 112	Continued From page 4 a goal. We did not put a goal in his treatment plan on 10/15/19 because he was soon to be discharged." Interview on 10/17/19 with the L/QP revealed: -Was responsible for developing and implementing client #1's treatment plan. -Was aware of client #1's elopement tendencies as "he was previously placed here in 2015 for a year." -Would update his treatment plan immediately to address client #1's elopement issues.	V 112		
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 observations and interviews, the facility staff failed to ensure the facility and its grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 10/17/19, at approximately 2:44pm, of the facility revealed: -The ceiling in the formal living room with several spots of both peeling paint and bare areas -The carpet in the formal living room had brownish stains in front of the sofa and to the left side of the sofa. -A hole in the kitchen door approximately 2 inches	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A SURE HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD WINSTON-SALEM, NC 27104
--	---

(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 736	<p>Continued From page 5</p> <p>by 3 inches.</p> <ul style="list-style-type: none"> -A closet door, off the runner, leaning up against the closet door in the hallway area -One of the brown leather sofas had an exposed spring and torn material on the side of the cushion <p>Interviews on 10/17/19 with clients #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -The holes in their bedroom walls had been patched and painted -The sofa had a spring in it that stuck out of the leather cushion -There was a hole in one of the hallway's doors -Was not aware of the stains on the carpet in the living room -Stated the ceilings in the living room had been peeling for a long time and needed to be repaired. <p>Interview on 10/17/19 with the Qualified Professional/Licensee revealed:</p> <ul style="list-style-type: none"> -Repairs had been made to the clients' bedrooms where holes used to be. -The clients' bedrooms had all been repaired -Had contacted a person to repair the ceilings and the carpet -"I spoke with him this week and he will be here the week of 11/1/19 to make the repairs." -Stated she had gotten a much as she could done and would work on the remaining repairs. <p>This is a re-cited deficiency and must be corrected within 30 days.</p>	V 736		