Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-164	A. BUILDING: _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WITH A PURPOSE FAMILY CARE #1	2204 LOVICK ROAD DOVER, NC 28526

(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 survey was completed on December 11, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness. A sister facility is identified in this report. The sister facility will be identified as sister facility A. The sister facility A client will be identified as client A1.	V 000		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115	Plan of Correction- The deficiency will be corrected immediately. I have put the compliance date beside the deficiency and POC on the next pages. AS 2/9/20. This date was indicated on the explanation sheet. ES	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Elizabeth Smith — TITLE: Administrator — (X6) DATE: 12/24/19

STATE FORM 6899 0P6L11 If continuation sheet 1 of 3

RECEIVED
By DHSR- Mental Health Licensing at 8:23 am, Dec 27, 2019

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Division of Health Service Regulation

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V 115	Continued From page 1	V 115		

This Rule is not met as evidenced by:
Based on observation, record reviews, and interviews the facility failed to ensure services were available 24 hours a day for 2 of 2 audited clients (#1 and #2). The findings are:

Observation of sister facility A between approximately 11:30 am and 3:30 pm on 12/11/19 revealed 3 clients (#1, #2 and client A1) present at the facility; during the survey process all three clients were provided lunch by staff 1. All three clients moved freely around the facility, including sitting outside on the porches.

Observation of the facility at approximately 3:45 pm on 12/11/19 revealed the inside temperature to be cold as if the heat had not been turned on for a period of time.

Review on 12/11/19 of client #1's record revealed:
- 64 year old male admitted 2/1/12.
- Diagnoses included Schizophrenia, paranoid type, Alcohol Dependence, in remission, and Intellectual/Developmental Disability, mild.

During interview at sister facility A on 12/11/19 client #1 stated:
- He had lived at the facility for a couple of years and had previously lived at different group homes.
- He liked the facility because the staff knew him.
- He sometimes stayed at "the other" facility.

During interview during the facility tour on 12/11/19 when asked "Is this your room?" client

Plan of Correction for this deficiency will include - Client #1 & Client #2 will stay at the Dover site and not have any overnight visits to the other site. ES

Compliance Date 2/9/20

Elizabeth Smith Administrator 12/24/19

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V 115	Continued From page 2 #1 stated "When I'm here it is." Review on 12/11/19 of client #2's record revealed: - 34 year old male admitted 10/16/14. - Diagnoses included Schizophrenia, paranoid type, Cocaine Use Disorder, moderate, Cannabis Use Disorder, moderate, and Nicotine Dependence. During interview at sister facility A on 12/11/19 client #2 stated he had lived at the facility "a little while" and they spent time at sister facility A. During interview on 12/11/19 staff #1 stated the clients sometimes spent the night at sister facility A. During interview on 12/11/19 the Administrator/Director/Qualified Professional stated: - She only employed 3 staff, including herself, and had 3 clients between two facilities. - Clients were sometimes taken to sister facility A to make it easier to manage. - She knew she needed to hire additional staff. - The clients of the two facilities got along. - She understood the requirement for services in a 24 hour residential facility to be available 24 hours a day, every day in the year.	V 115	POC cont: Client #1 and Client #2 will have A ~~Stray~~ Staff to remain with them at the Dover site At all times And will not take them to the other site. If they visit the other site, they will be taken back to the Dover site to sleep. Additional staff will be hired when new consumers come to live there. Until then, the current staff will work at the Dover site and the other site, without having Client #1 and Client #2 at another site. They will be provided 24-hour residential care at their appropriate site. ES	Compliance Date 2/9/20

Elizabeth Smith Administrator 12/24/19

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FAX SHEET

WITH A PURPOSE FAMILY CARE, INC.

TO: NC Department of Health and Human Services -ATTN: Connie Anderson

Fax #: (919) 715-8078

From: With A Purpose Family Care-Liz Smith (Administrator)

Comments:

I have attached the deficiency information for With A Purpose Family Care #1-Dover House.

Thanks

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 17, 2019

Elizabeth Smith, Administrator/Director
With A Purpose Family Care, Inc.
6257 Roberts Drive
La Grange, NC 28551

Re: Annual Survey completed 12/11/19
With A Purpose Family Care #1, 2204 Lovick Road, Dover, NC 28526
MHL # 054-164
E-mail Address: lil227@hotmail.com

Dear Ms. Smith:

Thank you for the cooperation and courtesy extended during the annual survey completed December 11, 2019

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is February 9, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,

Connie Anderson

Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net

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