

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-864</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TERRY'S SAFE HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8112 RUNNING CEDAR TRAIL RALEIGH, NC 27615</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual Survey was completed January 10, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternate Family Living.</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 diagnoses;</p> <p>(4) "D" designation means a facility which</p>	V 289		

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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>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)&amp;(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 assure minor and adults clients resided in the same facility. This affected three of three clients (#1-#3). The findings are:</p> <p>Review on 01/09/20 of the facility's public record</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>maintained by the Division of Health Service Regulation revealed:</p> <ul style="list-style-type: none"> <li>-Waiver approval letter dated November 26, 2016: client (with initials same as client #2) was approved to reside with minors clients (with initials same as clients #1 and #3). The approval expired December 2017 and approval must be renewed annually.</li> <li>-No evidence of subsequent waivers submitted or approved for 2018-present year of 2020</li> </ul> <p>Review on 01/09/20 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted: 2015</li> <li>-Diagnosis: Autism</li> <li>-Age: 18</li> <li>-Attended high school</li> </ul> <p>Review on 01/09/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted:2013</li> <li>-Diagnosis: Mild Intellectual Developmental Disability (IDD), Depressive Disorder, Hashimoto Disease and Diabetes Type 5</li> <li>-Age: 20</li> </ul> <p>Review on 01/09/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted: 2013</li> <li>-Diagnosis: Severe IDD</li> <li>-Age: 17</li> </ul> <p>During interview on 10/09/20, the Licensee reported:</p> <ul style="list-style-type: none"> <li>-The clients had grown up in the facility together as minors</li> <li>-Clients #1 and #3 were in school and client #2 utilized community resources during the day by volunteering</li> <li>-Client #3's birthday was in April 2020 and she</li> </ul>	V 289		

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V 289	Continued From page 3  would then be an adult (age 18) -At the time of the interview, she contacted her management company to find out the status of the waiver renewal for adult and minor clients to reside in the same facility. -If a waiver request had not been submitted, it was an oversight	V 289		