

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/14/2020
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE#1, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3116 CEDARWOOD DRIVE DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on January 14, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	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 interview, the facility failed to have a Person Centered Plan with 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 affecting one of three clients (#1). The findings are:</p> <p>Review on 1/14/20 of Client #1's record revealed: -Admission date of 5/13/10 -Diagnoses of Diabetes; Schizophrenia, Chronic. -Person centered plan on file had expired on 8/22/19. -Client #1's Person Centered Plan had no current written consent or agreement by the client or responsible party.</p> <p>Interview on 9/23/19 with the Director revealed: -Qualified Professional was responsible for completing the Person Center Plans. -She was not aware that the Person centered plan for Client #1 had expired. -She confirmed that the Person Centered Plans for Client #1 had no current written consent or agreement by the client or responsible party.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 1/14/20 of the facility's fire drill log revealed the following: -2/20/19- 3rd shift. -3/11/19- 2nd and 3rd shift. -4/4/19- 2nd shift. -5/6/19- 1st shift. -9/24/19- 1st shift. -9/25/19 3rd shift. -11/5/19- 2nd shift. -There were no fire drills performed on the first shift for the first quarter of 2019. -There were no fire drills performed on the third shift for the second quarter of 2019. -There were no fire drills performed on the second shift for the third quarter of 2019. -There were no fire drills performed on the first and third shifts for the fourth quarter of 2019.</p> <p>Review on 1/14/20 of the facility's disaster drill log revealed the following: -3/11/19- 2nd and 3rd shift. -5/6/19- 1st shift. -5/24/19- 1st shift. -7/30/19- 1st shift.</p>	V 114		

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V 114	<p>Continued From page 3</p> <ul style="list-style-type: none"> -9/24/19- 1st shift. -12/9/19- 1st shift. -12/27/19- 3rd shift. -1/3/20- 2nd shift. -There were no disaster drills performed on the first shift for the first quarter of 2019. -There were no disaster drills performed on the second, and third shift for the second quarter of 2019. -There were no disaster drills performed on the second, and third shift for the third quarter of 2019. -There were no disaster drills performed on the second shift for the fourth quarter of 2019. <p>Interview on 1/14/20 with the Director revealed:</p> <ul style="list-style-type: none"> -Home operated under three shifts. -She was unaware that some fire and disaster drills for the had not been done for all shifts. -She confirmed the facility failed to conduct fire disaster drills under conditions that simulate emergencies quarterly and for each shift. 	V 114		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for one of three clients (Client #2) who received psychotropic drugs. The findings are:</p> <p>Review on 1/14/20 of Client #2's record revealed: -Admission date of 2/14/19. -Diagnoses of Schizoaffective Disorder, Bipolar Type; High risk for inspiration; Clozapine induced Tachycardia; Osteopenia, unspecified location; Endometrial Hyperplasia, Glaucoma; Constipation; Vitamin D deficiency. -Physician's order dated 7/2/19: -Fluvoxamine Maleate 50 mg, 1 tablet daily. -Clozapine 25 mg, 2 tablets twice a day. -Lithium Citrate 8 mg/5 ml- Take 10 ml every morning and 12.5 ml every night. -Physician's order dated 9/10/19 for Clozapine 100 mg, 2 tablets every morning and 3 tablets every night. -The November and December 2019 and January 2020 Medication Administration Record (MAR) revealed Client #2 was administered the above medications daily. -There was no evidence of a six months psychotropic drug review for Client #2.</p> <p>Interview on 1/14/20 with the Director revealed: -She was not aware that a psychotropic drug review for Client #2 had not been completed. -She remembered one time that the pharmacist had come to the house, but there was no one in and he was not able to complete his drug review. -She would have pharmacist review Client #2's psychotropic medications.</p>	V 121		

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V 121	Continued From page 5 -She confirmed the six months psychotropic drug review for Client #2 was not completed.	V 121		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which	V 289		

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V 289	<p>Continued From page 6</p> <p>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)&(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 reviews and interview, the facility failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/14/20 of the facility license revealed the facility is licensed as a 5600C Supervised Living Facility. Review of the Rules for Mental Health Developmental Disabilities and Substance</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>Abuse Facilities and Services revealed "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses.</p> <p>a. Review on 1/14/20 of client #1's record revealed: -Admission date of 5/13/10. -Diagnosis of Schizophrenia, Chronic. -Client #1 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>b. Review on 1/14/20 of client # 2's record revealed: -Admission date of 2/14/19. -Diagnosis of Schizophrenia Disorder-Bipolar Type, Cognitive Dementia, Clozapine Induced Tachycardia, Osteopenia, Glaucoma, Constipation and Vitamin D Deficiency. -Client #3 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>c. Review on 1/14/20 of client #3's record revealed: -Admission date of 12/27/19. -Diagnosis of Schizoaffective Disorder; Coronary Artery Disorder; Hypertension; GERD; Diabetes, Type 2. . -Client #3 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>Interview with the Licensee on 1/14/20 revealed: -She had psychiatric evaluations completed for clients' #1 and #2. -Client #3 had just started at the home and they were trying to collect all of her information. -Client #3's insurance was not active and she was in process of getting it activated again. -She had not been able to get a psychiatric evaluation for client #3.</p>	V 289		

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V 289	Continued From page 8 -The agency that completed evaluations for clients #1 and #2 had not provided her with any paperwork. -She confirmed there was no documentation of clients' #1, #2 and #3 having a primary diagnosis of a developmental disability. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 289		
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 observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/14/20 at 12:45 PM of the dining area revealed: -Dark water stains on the ceiling above the dining table. Observation on 1/14/20 at 12:47 PM of the kitchen area revealed: -Bottom of cabinet near sink had missing section of Linoleum flooring missing. -Several spots of the Linoleum flooring had holes in them.	V 736		

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V 736	<p>Continued From page 9</p> <p>Observation on 1/14/20 at 12:50 PM of the bedroom located adjacent to the kitchen revealed: -Strong bad odor. -Walls all around room were dirty/stained.</p> <p>Observation on 1/14/20 at 12:52 PM of the first bedroom next to living area revealed: -Closet door was missing.</p> <p>Observation on 1/14/20 at 12:55 PM of the bedroom located by the hallway revealed: -Walls were dirty/stained. -Smoke detector was low in battery and chirping. -Plastered covered holes had not been sanded down and repainted.</p> <p>Observation on 1/14/20 at 12:58 PM of the hallway bathroom revealed: -Paint around the light switch had been peeled off. -Door's paint had faded/peeled off.</p> <p>Observation on 1/14/20 at 1:00 PM of bedroom located at the end of the hallway revealed: -There were water stains on the ceiling. -Walls all around room were dirty/stained.</p> <p>Observation on 1/14/20 at 1:02 PM of the bathroom located inside the bedroom revealed: -There were numerous pin holes in the walls. -There were water stains on the ceiling on top of the shower. -Air conditioning vent was rusted.</p> <p>Observation on 1/14/20 at 1:05 PM of the hallway revealed: -Water stains on the ceiling.</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>Observation on 1/14/20 at 1:07 PM of the outside area revealed:</p> <ul style="list-style-type: none"> -Two blue sofa cushions laying on the back yard. -Steps leading to the back area had the paint peeled off and chipping away. <p>Interview with the Director on 1/14/20 revealed:</p> <ul style="list-style-type: none"> -Landlord was responsible for doing maintenance to the house. -She was not aware of the water stains on the ceiling. -They had talked to the landlord about the issues with the home. -It was difficult to get some of the repairs done because of the landlord not responding. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. <p>This deficiency has been cited five times since the original cite on 10/12/16 and must be corrected within 30 days.</p>	V 736		