

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/06/2020
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NAME OF PROVIDER OR SUPPLIER SAVIN GRACE II	STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SELMA, NC 27576
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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 296	<p>Continued From page 3</p> <p>adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake affecting one of four current clients (#4). The findings are:</p>	V 296		

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V 114	<p>Continued From page 2</p> <p>Interview with the Qualified Professional on 3/5/20 revealed: -The group home had three eight hour shifts during the week. -Staff worked two twelve hour shifts on the weekends. -There are normally no staff or clients at the home on 1st shift during the week. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p> <p>Interview with the Licensee on 3/5/20 confirmed: -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or</p>	V 296		

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			<p><i>Rules set forth by ICA NCAC 276.1704 - Minimum Staffing - The CEO will review weekly schedule and approve once it has been determined that all shifts meet this requirement -this question will be ongoing-</i></p>	

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V 296	<p>Continued From page 4</p> <p>Observation of the facility at approximately 10:50 AM revealed: -The Qualified Professional was at the group home alone with client #4.</p> <p>Review of facility records on 3/5/20 revealed: -The group home was licensed as a 1700 Residential Treatment Staff Secure for Children or Adolescents. The license capacity was for four children or adolescents.</p> <p>Review on 3/5/20 of client #4's record revealed: -Admission date of 3/4/20. -Diagnoses of Attention Deficit Hyperactivity Disorder and Anxiety Disorder. -She is 14 years old. -There was no documentation that client #4 could be supervised by one staff.</p> <p>Interview with the Qualified Professional on 3/5/20 revealed: -She did not realize there was supposed to be two staff at the home with one client. -She thought if there was only one client, only one staff could be present. -Staff and clients normally are not at the home during 1st shift. -Client #4 just came to the home yesterday as an emergency placement. -She was at home with client #4 because they are trying to get her enrolled in school. -She confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake.</p> <p>Interview with the Licensee on 3/6/20 confirmed: -The facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake.</p>	V 296	<p>on March 6, 2020 Savin Grace CEO, Revised its schedule to ensure that two staff are present on each shift. Savin Grace CEO will continuously keep two staff on each shift for one-to-one clients in the home. Secondly Savin Grace GP will ensure that any client behavior that the client can be managed by one staff will be revised and added to the client PDP. The GP will be responsible for weekly schedule ensuring that each shift has required staffing and ensuring that Savin Grace continue to hire and train staff in order to maintain -</p>	
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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -2/8/20-1st shift -1/28/20-1st shift -1/2/20-3rd shift -12/24/19-2nd shift -12/10/19-2nd shift -11/20/19-3rd shift -10/28/19-1st shift -10/5/19-1st shift -9/22/19-2nd shift -9/20/19-2nd shift -7/17/19-1st shift -6/19/19-3rd shift -5/28/19-1st shift -5/16/19-2nd shift -4/28/19-2nd shift -3/30/19-3rd shift -3/29/19-3rd shift -3/1/19-3rd shift <p>-There was no fire drill conducted during 3rd shift for the 3rd quarter of 2019.</p> <p>Review on 3/5/20 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -1/16/20-2nd shift -12/17/19-2nd shift -11/6/19-3rd shift -10/19/19-1st shift -9/27/19-2nd shift -6/27/19-3rd shift -5/7/19-2nd shift -4/20/10-1st shift <p>-There were no disaster drills conducted during 1st and 3rd shift for the 3rd quarter of 2019.</p> <p>-There was no disaster drills conducted during 3rd shift for the 2nd quarter of 2019.</p> <p>Interview with client #1 on 3/6/20 revealed:</p> <ul style="list-style-type: none"> -Staff conducted a fire drill with them. -Staff had not conducted any disaster drills with them. 	V 114	<p><i>Every two months to ensure that Savin Grace remain in compliance -</i></p>	

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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 3/6/20. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 3/5/20 of the facility's fire drill log revealed the following: -2/29/20-1st shift -2/16/20-1st shift</p>	V 114	<p>Savin Grace, LLC CEO, QP have taken corrective action on March 7 and conducted fire and disaster drill on each shift. On March 10, 2020 QP conducted fire drill and disaster drill on second and third shifts. The Qualified Professional has been named as the responsible person to ensure that a fire drill and disaster drill is completed according to 10A NCAC 27G .0207. The CEO will Renew Fire drills and disaster drills</p>	3/7/2020

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *CEO* DATE *3/27/2020* (X6)

Savin Grace, LLC
562 Old Dam Road, Selma, NC, 27567
(919) 351-0465- Office
jacqui1718@yahoo.com

NC Department of Health and Human Services

March 27, 2020

Re: Savin Grace, LLC
Annual Follow up Survey

On March 6, 2020 the DHR conducted a survey at Savin Grace, LLC located 562 Old Dam Road, Selma, NC 27567. Deficiencies were cited and a plan of correction had to be developed. Savin Grace, LLC implemented a course of action as detailed in the following:

On March 7, 2020 Savin Grace, LLC CEO and Qualified Professional began corrective action and completed a fire drill and disaster drill on each shift, on March 10, 2020 the Qualified Professional conducted fire and disaster drills on second and third shifts. The Qualified Professional has been designated as the responsible person that will monitor all fire drills and disaster drills to ensure that Savin Grace, LLC remain in compliance with 10A NCAC 27G .0207. The CEO will conduct periodic reviews of fire and disaster drills every two months to ensure that Savin Grace remain in compliance. This will be an ongoing function.

On March 6, 2020 Savin Grace, CEO revised its schedule to ensure that all shifts have two staff at all times. Savin Grace, LLC CEO will continuously keep two staff on shift for one-to four clients in the home. Savin Grace Qualified Professional will coordinate during the Child and family team meeting to identify if the client is able to be cared for safely by one staff, this finding will be included on the client's PCP. This function shall be carried out for each individual being serviced at Savin Grace, LLC, an ongoing.

Thank you

Jacqueline Bell
Jacqueline Mitchell- Bell
Savin Grace, LLC, CEO



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

March 10, 2020

Jacqueline Mitchell Bell, Chief Executive Officer
Savin Grace LLC
3400 Duveneck Drive
Raleigh, NC 27616

Re: Annual and Follow up Survey completed March 6, 2020
Savin Grace II, 562 Old Dam Road, Selma, NC 27576
MHL # 051-173
E-mail Address: jacqui1718@yahoo.com

Dear Ms. Bell:

Thank you for the cooperation and courtesy extended during the Annual and Follow up survey completed March 6, 2020.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 4/5/20.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 5/5/20.

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

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.

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 Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant