

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEE &amp; G ENRICHMENT #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 FRIENDLY ROAD</b> <b>BURLINGTON, NC 27215</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>A complaint survey was completed on May 27, 2020. The complaint was unsubstantiated (intake #NC00164816). Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</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"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	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 interviews, the facility failed to ensure the treatment plan included goals and strategies to address behaviors of verbal aggression, lying and non-compliance to rules for one of two audited clients (#2). The findings are:</p> <p>Review on 5/18/20 of Client #2's record revealed: -Admission date of 4/1/18. -Diagnoses of Schizophrenia, Bipolar Disorder, Sleep Apnea, Diabetes and Asthma. -Person Centered Plan dated 2/8/20 included the following goals:     -"Performing ADL's with little supervision and minimal reminders."     -"Getting a job. Maintaining a positive attitude while working..." -There were no goals or strategies to address behaviors.</p> <p>Review on 5/18/20 of the Discharge letter to Client #2 dated 5/4/20 revealed the following:     -"5/4/20 effective on this day [Administration] feel that [client #2] will be given this 30 day' notice of discharge. [Client #2] has broken every rule possible during this pandemic in which [State Licensing Department] has all facility's under lock down due to the coronavirus. [Client #2] purposely leaves the facility against the staff's advice. [Client #2] disrespects staff, she's verbally abusive, no respect at all. [Client #2] needs to be discharged on 6/4/20. [Administration] will be assisting in finding another placement..."</p> <p>Interview on 5/13/20 with the Administrator</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 yelled and screamed at staff calling staff a black "m****f****r."</li> <li>-Client #2 threatened that she would get staff fired.</li> <li>-Client #2 had reported she would lie to get staff fired and stated, "I have done it before, and I will do it again."</li> <li>-Client #2 had a cell phone.</li> <li>-Client #2 behaviors occurred and increased during the pandemic.</li> <li>-Client #2 would invite her male friend to the home without permission.</li> <li>-Client #2 behavior increased when client #2 needed "snuff."</li> <li>-Client #2 made accusations that staff #2 was having a sexual relationship with client #1.</li> <li>-She gave client #2 the discharge notice as client #2 was her own guardian.</li> <li>-Client #2's behavior was consistent and went on for a long time.</li> <li>-This was not the first discharge noticed to client #2.</li> <li>-She will assist client #2 in locating a new placement.</li> <li>-Confirmed the treatment plan did not included goals and strategies to address the behaviors.</li> </ul>	V 112		