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FORM APPROVED By Mental Health Licensure & Cert. Section at 9:29 am, Sep 14, 2020 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING MHL023-210 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 BORDERS ROAD KAREN'S CARE HOME **SHELBY, NC 28152** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on August 27, 2020. The complaint was substantiated (Intake# NC00167156). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. V 289 27G .5601 Supervised Living - Scope V 289 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: one or more minor clients; or (1)two or more adult clients. (2)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

"A" designation means a facility which (1) serves adults whose primary diagnosis is mental illness but may also have other diagnoses;

"B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses:

"C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;

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designated below:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUR

2P. DIRECTOR OF OPERATIONS

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING MHL023-210 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **435 BORDERS ROAD** KAREN'S CARE HOME **SHELBY, NC 28152** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 289 Continued From page 1 V 289 "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses: "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses: or (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). This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to ensure minor and adult clients did not reside within the same facility. The

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findings are:

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL023-210 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 435 BORDERS ROAD KAREN'S CARE HOME SHELBY, NC 28152 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 289 Continued From page 2 V 289 Review on 8/19/20 of the facility file revealed: -a waiver letter dated 1/17/19 granted the facility to serve both adolescents and adults within the same facility. -the waiver was approved for the licensure year 2019. -"...In accordance with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G.5601 (b) cannot exceed the expiration date of the 2019 license which is December 31, 2019; and, therefore shall be subject to renewal consideration upon the request of the licensee..." -there was no waiver letter granting this for the licensure year 2020. Review on 8/20/20 of the facility's license, current and former client records revealed: -the facility was licensed for 3 clients. -Client #1 - admitted 5/31/17 - 17 years old. -Client #2 - admitted 5/31/17 - 20 years old. -Former Client #3 - admitted 5/30/17 - discharged 7/17/20 - 19 years old as of March 2020. resumed and 9/11/2000 Interview on 8/24/20 with the Director of Operations revealed: -she had initiated the waiver approval process but had been going back and forth with the Local Management Entity (LME). -the LME wanted the license changed from a child home to an adult home. -then she found out the AFL provider wanted to change licensee's so she had put the process on -she would go ahead and continue the waiver request process and notify DHSR if/when she was no longer the licensee for the facility.

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Ms. Sally Thayer Facility Compliance Consultant Mental Health Licensure & Certification Section 2718 Mail Service Center Raleigh, NC 27699-2718

Dear Madam,

September 8th 2020

RE: PLAN OF CORRECTION

Thank you for the support that you have accorded us in the process of this Plan of Correction. Attached herewith are the explanation for the corrections that have been made according to the DHHSR State Form.

Waiver request is in the process and submitted through Ms. Pridgen email and original in mail.

Please let me know if you need further information. We look forward to hearing from you.

Odorla, BA, G

Thanks.

Humbly submitted

Anne Odembo, QP Director of Operations

Director of Operations

Supporting Families, Making a difference in their Lives

Corporate Office 213 Patton Dr. Ste C Shelby, NC 28150



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