STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-201	A. BUILDING: _____ B. WING _____	09/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME LOVE 1	3001 NASH STREET WILSON, NC 27896

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V 000	INITIAL COMMENTS A complaint survey was completed on September 14, 2020. One complaint was substantiated (intake #NC00169005) and one complaint was unsubstantiated (intake #NC00168617). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an assessment prior to admission affecting one of one former client (FC) (#6). The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documentation of an assessment prior to admission to the facility. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20 less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have an assessment prior to admission.	V 111	It will be the responsibility Of Supreme Love to train each staff on Admission Of all new consumers into the facility. The hired QP will ensure that all Admission paperwork will be completed within 24 hrs of entering the facility The hired nurse will ensure that all hired and newly hired staff is trained on medication management along training on how to read and complete FL-2 and aware of all client diagnosis upon entering the facility as indicated in	9/20/202
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS	V 113		

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V 113	Continued From page 2 (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113	27G.0205 (10A NCAC) ongoing	

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V 113	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility staff failed to maintain a complete client record to include consent for treatment for one of one former client (FC) (#6). The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date or discharge date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documented consent for emergency treatment. Interview on 09/04/20 FC #6's guardian stated: - She had not signed any documents for FC #6's admission to the facility. - FC #6 had been moved to different facilities. - FC #6 was currently in the hospital. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have documentation of consent for treatment by the client or guardian. - She had verbally discussed FC #6's admission	V 113	It will be the responsibility of Supreme Love to contact assigned guardian or involved family members of any changes regarding any consumers whereabouts, including living arrangments or any health issues of any consumers within 24 hrs by writting or telephone. The hired QP will ensure that all staff is properly trained regarding each consumer individual record so they are aware of each individual consumer. The hired nurse will ensure that all hired staff is trained on medication administration, Client diagnosis upon being hired w/	9/28/20

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V 113	Continued From page 4 to the facility with the guardian. - She did not have a signed consent for treatment for FC #6 from the guardian.	V 113	as indicated in 10A NCAC 27G .0206	↓
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain coordination between the facility operator and the legal guardian, affecting one of one former clients (FC) (#6). The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date or discharge date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documentation the guardian was aware of admission to the facility on 08/23/20. Interview on 09/04/20 FC #6's guardian stated: - She had not signed any documents for FC #6's admission to the facility. - FC #6 had been moved to different facilities. - FC #6 was currently in the hospital. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have documentation of consent for treatment by the client or guardian. - She had verbally discussed FC #6's admission to the facility with the guardian. - She did not have any documentation of the conversation with FC #6's guardian about admission to the facility.	V 291	9/28/20 It will be the responsibility of all Supreme Love staff is properly trained on all clients records The hired QP will complete all admission paperwork including Admission paperwork completed PCP and any other paperwork within 24 hours of consumer admission into the facility. The hired QP will communicate effectively with assigned guardian/family of consumers goals and treatment while in the facility. The hired QP will training staff monthly on any change or updates that may occur regarding any new rules of the facility. As indicated in 10A NCAC 27G .5603	

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V 505	Continued From page 6	V 505		
V 505	27D .0201(a-c) Client Rights - Informing Clients 10A NCAC 27D .0201 INFORMING CLIENTS (a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person. (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities. (c) Each client shall be informed regarding the issues specified in Paragraph (d) and, if applicable in Paragraph (e), of this Rule, upon admission or entry into a service, or (1) in a facility where a day/night or periodic service is provided, within three visits; or (2) in a 24-hour facility, within 72 hours. Explanation shall be in a manner consistent with the client's or legally responsible person's level of comprehension. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of one former client (FC) (#6) was provided a written of client's rights. The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date or discharge date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documentation the guardian or client was	V 505	It will be the responsibly of Supreme Love 1 to ensure that All clients are aware of their rights as a consumer of this facility During the intake and admission all clients will be given their rights in writing. All clients/guardian will sign the rights to their understanding. The	ongoing 9/30/2020

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V 505	Continued From page 7 provided a written summary of client's rights. Interview on 09/04/20 FC #6's guardian stated: - She had not signed any documents for FC #6's admission to the facility. - FC #6 had been moved to different facilities. - FC #6 was currently in the hospital. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have a written summary of client rights available for the client or guardian. - She had verbally discussed FC #6's admission to the facility with the guardian. - She did not have any documentation of the conversation with FC #6's guardian about admission to the facility.	V 505	QP will ensure that all questions and concerns will be addressed. During the admission the hired QP will complete a PCP to address the goals of the consumer while residing @ the facility. All staff will be trained with in 10 days of hire regarding the facility guidelines. All staff will be trained on effective communication of any family members/guardians of any consumer served. All hired staff will be aware of each consumer individual PCP. Each staff will be trained on how to read each client file beware of each client diagnosis. All staff will be properly trained within 10 days of hire. As indicated in 10A NCAC 27 D.0201	

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

September 18, 2020

Supreme Love, Inc.
Betty Forsythe
4232 Coghill Drive
Wilson, NC 27896

Re: Complaint Survey completed September 14, 2020
Supreme Love 1, 3001 Nash Street, Wilson, NC 27896
MHL # 098-201
E-mail Address: supremediva2(l@yahoo.com
Intake # NC00168617 and NC00169005

Dear Mrs. Forsythe:

Thank you for the cooperation and courtesy extended during the complaint survey completed September 14, 2020. One complaint was substantiated and one complaint is unsubstantiated.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is November 13, 20.

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.

September 18, 2020
Mrs. Betty Forsythe
Supreme Love, Inc.

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 Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,

Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant

Supreme Care Inc.

Betty Forsythe: CEO

PH: 252-315-5794

Fax: 252-234-6163

Sly premediva20@yahoo.com

To: Mr. Keith Hughes

Fax Number: 919-715-8078

From: Betty Forsythe

Date: 9-22-20

Number of pages including cover: 11

Message: I will put in mail Tomorrow also