

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2020
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NAME OF PROVIDER OR SUPPLIER KYSEEM'S UNITY GROUP HOME, LLC #5	STREET ADDRESS, CITY, STATE, ZIP CODE 304 CLYDE AVEUE NORTH WILSON, NC 27893
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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>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 13, 2020. The complaint was unsubstantiated (intake # NC00169533). A deficiency was 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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 	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 review and interviews the facility failed to develop and implement goals and strategies based on assessment for 1 of 1 clients (#1). The findings are:</p> <p>Review on 10/29/20 and 10/30/20 of Incident Response Improvement System (IRIS) revealed: - Level II incident report for client #1 dated 9/14/20 included documented account of elopement on 9/14/20. - Level II incident report for client #1 dated 9/25/20 included documented account of elopement on 9/25/20.</p> <p>Review on 10/29/20 of a Silver Alert issued 9/25/20 revealed client #1 was reported missing from the facility at 9:54 pm on 9/25/20.</p> <p>Review on 11/03/20 of the facility's "Elopement and/or Wandering" policy revealed: - ". . . Definitions 1. Elopement- means an occurrence in which a member leaves the agency without notifying staff and/or their parents/guardian. Persons who elope differ from wanderers in that they are purposeful and may repeatedly attempt to leave. . ." - ". . . Member Assessment All member at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for additional supervision while at the agency. At risk indicators include: history of wandering/elopement . . ."</p> <p>Review on 10/29/20 of client #1's record revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 30 year old female admitted 9/01/20. - Diagnoses included Schizoaffective Disorder, bipolar type; mild Intellectual/Developmental Disability; type 2 Diabetes; history of cannabis use disorder, in remission; history of cocaine abuse disorder, in remission. - "Admission Assessment/Screening" dated 8/14/20 included " . . . History Of Those Checked Indicate Frequency: F - Frequent, S - Seldom, O - Other, N - Never . . . Elopement . . . "; elopement was not checked, and no frequency was indicated; documentation that client #1 had "no sense of danger." - "Person Centered Profile . . . completed on 08/12/20; 10/07/20 . . ." included " . . . How to Best Support . . . [Client #1] is currently admitted to [State Psychiatric Hospital] from eloping from group home on two occasions, threatening behavior to home staff and residents, SI [suicidal ideation], going to neighbor's homes and asking for a gun or to be killed. . . " - No goals or strategies/interventions to address elopement behaviors, suicidal ideation, or threatening behaviors. - "Crisis Prevention and Intervention Plan" did not include any interventions or strategies to address elopement. - "Treatment Team Meeting" note dated 9/14/20 included " . . . Staff reviewed interventions and protocols to follow to prevent elopement . . . Discussed walking away from group home." - "Treatment Team Meeting" note dated 9/15/20 included " . . . the plan moving forward is to contact the primary MD [Medical Doctor] to get a nutritionist consult to explain to [client #1] the importance of following a healthy diet d/t [due to] her [illegible] and also to discuss the possibility of nicotine patches. Hopefully, if we can try to intervene in these [illegible] seem to trigger behaviors for [client #1] then maybe we can 	V 112		

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V 112	<p>Continued From page 3</p> <p>decrease these behaviors. . . "</p> <ul style="list-style-type: none"> - "Treatment Team Meeting" note dated 9/26/20 included " . . . Staff reviewed interventions and protocols to follow to prevent elopement. . . discussed walking away from group home. [Chief Executive Officer/Licensee] made suggestion to contact psychiatrist to discuss medication change due to elopement/behaviors. After speaking with client, [illegible] walked away from group home because she wanted a different brand of cigarette, different from what she had at the group home, sweets, and proceeded to leave the home. . . " <p>During interview on 10/28/20 Client #1 stated;</p> <ul style="list-style-type: none"> - She walked to the store near the facility. - She had walked away from the facility since admission. - She left the facility twice on 9/14/20; the police picked her up and took her back. - She asked the police officer if his gun was real and if she could touch it. - When she returned to the facility, she was welcomed back. - The second time she left on 9/14/20 she was transported to the hospital and was there "about 5 days." - She was trying to do better so she could move back home near her family. <p>During interview on 11/13/20 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #1 left the facility twice on 9/14/20. - She was upset because she couldn't have extra cigarettes and sweets. - Client #1 is diabetic. - The first time client #1 left on 9/14/20 she wandered around the neighborhood and the police located her and returned her to the facility. - The local Emergency Medical Services (EMS) 	V 112		

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V 112	<p>Continued From page 4</p> <p>"checked her out and the police officer spoke to her" but did not take her to the hospital.</p> <ul style="list-style-type: none"> - After EMS and the police left, client #1 went into the facility and began packing her belongings and said she was not going to stay at the facility. <p>During interviews on 10/28/20 and 11/13/20 the Chief Executive Officer/Licensee stated:</p> <ul style="list-style-type: none"> - Client #1 had walked away from the facility because she was upset about her cigarettes. - She had walked to the local park and was picked up by the EMS. - A Silver Alert had been issued, "they didn't need to do that." - "We're still learning her really. She'll just walk off." - Client #1 had no history of elopement prior to her admission to the facility, "her problem was behavior." - The treatment team, including client #1's guardian, had met several times to discuss her behaviors, including elopement. - He was "trying to" develop and implement goals and strategies to address client #1's elopement. 	V 112		
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