

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-781	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/19/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOME-AUNT ZOLA'S

**408 ANDREW STREET
GREENSBORO, NC 27406**

(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 19, 2020. The complaints were unsubstantiated (intake #NC00170992 and NC00171004). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .1700: Residential Treatment Staff Secure for Children or Adolescents</p>	V 000	<p>DHSR - Mental Health</p> <p>DEC 10 2020</p> <p>Lic. & Cert. Section</p> <p><i>Please see attached Plan of Correction details.</i></p>	
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally</p>	V 113		

Division of Health Service Regulation

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

TITLE

(X6) DATE

[Signature] Clinical Director

12/2/2020

STATE FORM

6899

SF7711

If continuation sheet 1 of 7

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V 113	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure client records were maintained in the facility for each individual that contained at least; an identification face sheet, diagnoses, screening and assessments and emergency information, for three (client #1, client #2 and client #3) of three clients. The findings are:</p> <p>Review on 11-13-20 and 11-16-20 of client #1 's facility record revealed: - admitted 9-30-20 - 15 years old - diagnosed with: - Major Depressive Disorder -Recurrent,</p>	V 113	<p><i>See Attachments</i></p>	

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V 113	<p>Continued From page 2</p> <p>Moderate</p> <ul style="list-style-type: none"> - Oppositional Defiant Disorder - Unspecified Alcohol Related Disorder - Unspecified Hallucinogen Related Disorder <p>- Cannabis Use Disorder</p> <p>- No Identification or Face Sheet containing information related to:</p> <ul style="list-style-type: none"> - client demographics - emergency contacts - emergency medical - admission date <p>Review on 11-13-20 and 11-16-20 of client #2 's facility record revealed:</p> <ul style="list-style-type: none"> - admitted 7-20-20 - 13 years old - diagnosed with: <ul style="list-style-type: none"> - Conduct Disorder -Severe - Attention-Deficit, Hyperactivity Disorder <p>-Combined Type</p> <ul style="list-style-type: none"> - Other Stress and Trauma Related Disorder - Specific Learning Disorder - Major Depressive Disorder -Recurrent, Unspecified <p>- No Identification or Face Sheet containing information related to:</p> <ul style="list-style-type: none"> - client demographics - emergency contacts - emergency medical - admission date <p>Review on 11-13-20, 11-16-20 and 11-17-20 of client #3 's facility record revealed:</p> <ul style="list-style-type: none"> - admitted 9-14-20 - 17 years old - diagnosed with: 	V 113	<p>See Attachment</p>	

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V 113	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Bipolar Disorder, Unspecified Per History - Attention-Deficit, Hyperactivity Disorder - Combined Type - Conduct Disorder, Childhood Onset - Post Traumatic Stress Disorder - No Identification or Face Sheet containing information related to: <ul style="list-style-type: none"> - client demographics - emergency contacts - emergency medical - admission date <p>Interview on 11-18-20 with staff #1 revealed:</p> <ul style="list-style-type: none"> - client face sheets were not in the client 's facility records - she had not seen them in awhile - if she needed the information usually found on a client face sheet, she would reach out to the Director/Administrator (DA) by telephone - having guardian, allergy, diagnoses and other information readily accessible would be helpful <p>Interview on 11-18-20 with staff #2 revealed:</p> <ul style="list-style-type: none"> - client information sheets were located at the administrative offices located elsewhere - there used to be a copy in both locations, but not now - the Qualified Professional (QP) is revising the client 's facility records to include more information - having guardian, allergy, diagnoses and other information readily accessible, "that would be great." <p>Interview on 11-17-20 with the QP revealed:</p>	V 113		

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V 113	Continued From page 4 - most of the client information at the administrative office is also at the facility - nevertheless, he will make sure all needed information is located in the client facility files - "I see how it would be good to have all that information at the group home as well."	V 113		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility staff failed to ensure the facility was maintained in a safe, clean, attractive and orderly manner. The findings are: Exterior Observations: Observation on 11-13-20 at approximately 11:15 am revealed: - a small yard at the front of the facility between the sidewalk and the entrance steps - a deodorant container and other loose trash items present in the front yard of the facility, close to the sidewalk - a dark-colored winter coat lying on the ground next to the steps - 3 windows boarded up with plywood; one in the front bedroom and 2 in the living room	V 736	<i>See Attachment</i>	

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V 736	Continued From page 5 Observation on 11-16-20 at approximately 1:00 pm revealed: <ul style="list-style-type: none"> - the deodorant container and other loose trash remained in the front yard - the winter coat remained on the ground in the front yard - the 3 windows remained boarded up, with no glass in the frames Observation on 11-18-20 at approximately 4:30 pm revealed: <ul style="list-style-type: none"> - 2 windows on the front of the facility had been repaired <ul style="list-style-type: none"> - the bedroom window - one of the living room windows - one window opening in the living room remained boarded up Interior Observations: Observation on 11-18-20 at approximately 4:30 pm to 6:30 pm revealed: <ul style="list-style-type: none"> - dining area: <ul style="list-style-type: none"> - excessive paint peeling on walls in dining area - window blinds broken, excessively soiled - baseboards excessively scuffed and soiled, need cleaning and or painting - kitchen: <ul style="list-style-type: none"> - Excessively soiled cabinets above the oven range - Broken/loose tile on kitchen counter - Door frames leading into and out of kitchen have excessive paint peeled 	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Baseboards excessively scuffed and soiled, need cleaning and or painting - Laundry Room: <ul style="list-style-type: none"> - Sheetrock repairs needed around inside frame of door that leads to backyard - Inside of back door is excessively scratched, needs painting - Linoleum floor is torn with at least 5 patches of missing floor, with bare wood showing - Bedrooms <ul style="list-style-type: none"> - Rooms # 2 and # 3 need closet doors, or curtains covering closet door frames - Room 4 needs painting around recently installed new door and frame <p>Interview on 11-17-20 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - maintenance and repairs seem to be needed daily - the windows were broken about 2 weeks prior (on or around 11-3-20) - the Director/Administrator (DA) is responsible for ensuring repairs are made - staff use a form they fill out, to inform the DA something needs to be fixed or repaired - some windows are old, and the glass has to be special ordered, which takes longer - some windows have been repaired with plexiglass, so that they are less likely to be broken in the future 	V 736		

BLACK AND ASSOCIATES GLOBAL, INC

408 Andrew Street

GREENSBORO NC 27406

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December 3, 2020

DHSR - Mental Health

DEC 13 2020

Lic. & Cert. Section

To: Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

From: Ellen Black/Black and Associates Global, Inc

Re: PLAN OF CORRECTION – Our Home, MHL #041-781 Site: 408 Andrew Street. Greensboro NC

Citation: (V113) 27G.0206 CLIENT RECORDS

Correction: All pertinent information (Face Sheet, Assessments, Updated PCP, Demographics, Medication Emergency sheet) regarding clients are now placed in binders in the group home with the name of each client and is available for review.

This was completed on November 24, 2020

Responsible Party: Dr. Alan Fraser QP and Dr. Hulan Marshall AP

Citation: (V736) 27G .0303(c) FACILITY AND GROUNDS MAINTENANCE

10A NCAC 27G .0303(c) Location and Exterior Requirements

Correction: – Effective immediately (November 17, 2020 and continuing, all exterior loose trash is now disposed of and the yard is free of litter.

Responsible Party: Dr. Hulan Marshall -AP

10A NCAC 27G .0303(c) Window in living room:

Correction: The window in the living room is now replaced and in working order-11/20/2020.

Windows have been replaced several times in the last 60 days. The last window section replaced on 11/20/2020 was broken on 10/29/2020 and had to be ordered because of the size.

Responsible Party: Mr. David Black-Owner

10A NCAC 27G .0303(c) Dining area-Excessive peeling of paint on walls

Correction: The walls will be repainted effective 12/15/2020

Responsible Party: Mr. David Black-Owner

10A NCAC 27G .0303(c) Dining area-Window Blinds broken

Correction: All broken window blinds have been replaced effective 11/27/2020.

Responsible Party: Mr. David Black-Owner

10A NCAC 27G .0303(c) Base boards excessively scuffed and soiled, need cleaning and or painting

Correction: All base boards have been cleaned and Effective 12/15 all base boards will be repainted and free of scuff marks.

Responsible Party: Mr. David Black-Owner

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10A NCAC 27G .0303(c) Kitchen-excessively soiled cabinets above the oven range

Correction: The cabinets above the oven range have been cleaned effective 11/23/2020.

Responsible Party: Dr. Hulan Marshall-Owner

10A NCAC 27G .0303(c) Broken/loose tile on kitchen counter, door frames leading into and out of the kitchen have excessive paint peeled-Base boards excessively scuffed and soiled, need cleaning and or painting.

Correction: Effective 12/15/20 all base boards will be repainted and free of scuff marks. The broken and loose tile on the kitchen counter will be repaired effective 12/18/2020. All door frames leading into and out of the kitchen will be repainted effective 12/15/2020.

Responsible Party: Mr. David Black-Owner

10A NCAC 27G .0303(c) Laundry Room- Sheetrock repairs needed around inside frame of door that leads to backyard

Inside of back door is excessively scratched, needs painting

Correction: Sheetrock repairs and painting for the backdoor that was recently replaced will be completed by 12/15/2020.

Linoleum floor is torn with at least 5 patches of missing floor, with bare wood showing

Correction: Effective 12/23/2020 Linoleum floor will be repaired.

Effective 11/23/2020 and continuing, all needed repairs will be monitored closely by Dr. Hulan Marshall to ensure that repairs are reported and completed in a timely manner

Responsible Party: Mr. David Black-Owner

10A NCAC 27G .0303(c) Bedrooms: Rooms #2 and #3 need closet doors, or curtains covering closet door frames

Correction: Curtains have been replaced covering closet door frames for Rooms #2 and #3 – 11/19/2020.

Room #4 needs painting around recently installed new door and frame

Correction: Effective 12/01/2020 painting was completed around the new door and frame in Room #4.

Responsible Party: Mr. David Black-Owner



**Ellen Black
Black and Associates
336 987 0572**

**Dr. Alan Fraser
Black and Associates
336 392 0511**