

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2020
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NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING GUEST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3094 MARKET STREET EXTENSION WASHINGTON, NC 27889
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V 000	INITIAL COMMENTS A complaint survey was completed on November 5, 2020. The complaint was substantiated (Intake #NC00169057). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<i>see attached</i>	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement	V 105	DHSR - Mental Health Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kevin M. Davis

TITLE

Admin

(X6) DATE

12/18/20

Division of Health Service Regulation

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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and</p>	V 105		
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V 105	<p>Continued From page 2</p> <p>interviews, the facility failed to implement written standards that assure applicable standards of practice amidst the COVID-19 (Coronavirus-Disease-2019) pandemic. The findings are:</p> <p>Review on 10/16/20 of the facility Health Pandemic/COVID-19 Response 2020 Policy revealed:</p> <ul style="list-style-type: none"> - "All visitors should:...have their temperature checked before entry." -"Signage denying entry to visitors should be posted at the main entrance." -No statement requiring staff to wear face mask while working. <p>Observation while in the facility on 10/15/20 from approximately 10:05am to 11:10am revealed:</p> <ul style="list-style-type: none"> -No COVID-19 posting at the main entrance of the facility. -Staff #2 had her face mask under her chin and did not make an effort to obtain a temperature prior to the surveyor entering the facility. -Staff #3 had her face mask folded in her hand and did not make an effort to put it on. - Neither staff #1 nor staff #2 put on a face mask during the surveyor's on-site visit. -The Qualified Professional wore a face mask during the onsite visit. <p>Interview on 10/15/20 Client #1 stated:</p> <ul style="list-style-type: none"> -He wore a mask if he left the facility. -Staff had not wore a mask all the time. -No one had been sick. <p>Interview on 10/15/20 Client #4 stated:</p> <ul style="list-style-type: none"> -He did not see staff with a mask all the time. <p>Interview on 10/15/20 Staff #2 stated:</p> <ul style="list-style-type: none"> -She worked 7 days on and 7 days off at the 	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 3</p> <p>facility.</p> <ul style="list-style-type: none"> -She had not wore a mask during her shift because she would be there for 7 days. -She wore a mask to transport a client or in the community. -She had not been told to wear a mask while working. -Staff had been trained to take temperatures of anyone entering the facility. -"It had slipped her mind to take surveyor temperature." <p>Interview on 10/15/20 Staff #3 stated:</p> <ul style="list-style-type: none"> -She worked 8:00am -4:30pm Monday-Friday. -She had not wore a mask inside the facility during her shift. -She only wore a mask in the community with the clients. -She wore the mask if a visitor came to the home. -Visitors are not let inside the home. <p>Interview on 10/30/20 Staff # 1 stated:</p> <ul style="list-style-type: none"> -She had worked 7 days on and 7 days off. -Staff wore mask if the facility had visitors and they checked temperature of visitors. -Visitors had to wear mask. -She had not wore the mask all day while working. -They had not been instructed to wear mask all day. -She had not seen a posting at the entrance of the facility regarding COVID-19. -Facility had provided staff with mask. <p>Attempted interview with Qualified Professional unsuccessful on 11/4/20.</p> <p>Interview on 11/4/20 the Facility Director stated:</p> <ul style="list-style-type: none"> -She had told staff to have visitors stay outside. -Families had been notified of "no visitor" policy 	V 105		

Division of Health Service Regulation

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V 105	Continued From page 4 during COVID-19 pandemic. -Staff had not had to take temperatures because no one has been allowed inside the facility. -Signage notifying visitors were put up at all the facilities after this onsite visit. -They had not had any COVID 19 cases. -She had not instructed staff to wear mask while at work due to staff working 7 days on and 7 days off since the staff lived there during that 7 days. -Staff wore mask if they if they went to the store with clients or go grocery shopping. -Some staff wore mask during medication administration. -She had not updated the facility police to include staff wearing mask during their shift. -She would ensure that staff wore a mask during their shift.	V 105		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 5</p> <p>exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 6</p> <p>personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private</p>	V 364		
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V 364	<p>Continued From page 7</p> <p>physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum</p>	V 364		
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V 364	<p>Continued From page 8</p> <p>of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility restricted the rights of 3 of 3 audited clients (#1, #4 and #5) by restricting their access to food. The findings are:</p> <p>Observation on 10/15/20 at approximately 10:25am revealed: -The refrigerator had been locked using a metal fixture. -The lock required a key. -The key to the lock had been in Staff #2's possession.</p> <p>Review 10/20/20 of Client #1's record revealed: -46-year-old male admitted 8/6/13. -Diagnoses including Mild Intellectual Developmental Disability, Schizoaffective Disorder-Depressed Type, Alcohol Use Disorder-Mild-in a controlled environment, Cannabis use Disorder-Moderate in a controlled environment. -Client #2's treatment plan dated 8/13/20 that did not identify treatment or habilitation needs to restrict access to food or an evaluation of the restriction.</p> <p>Review on 10/20/20 of Client #4's record revealed: -57 year old male admitted 4/10/14. -Diagnoses including Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disability -No statement about restricted access to the fridge. -Client #4's treatment plan dated 5/8/20 that did not identify treatment or habilitation needs to restrict access to food or an evaluation of the restriction.</p>	V 364		

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V 364	<p>Continued From page 10</p> <p>Review on 10/20/20 of Client #5's record revealed: -46 year old male admitted 8/6/13. -Diagnoses including Moderate Intellectual Development Disability, Schizophrenia-Continuous -No statement about restricted access to the fridge. -Client #5's treatment plan dated 5/20/20 that did not identify treatment or habilitation needs to restrict access to food or an evaluation of the restriction.</p> <p>Interview on 10/15/20 Client #1 stated: -The refrigerator had always been locked. -He had not known why the refrigerator was locked. -Staff had got what he needed from the refrigerator. -He had been ok with the refrigerator being locked.</p> <p>Interview on 10/15/20 Client #4 stated: -He ate several times a day. -Staff #2 had the key to the lock on the refrigerator. -The refrigerator had always been locked.</p> <p>Interview on 10/15/20 Client #5 stated: -Staff had "given them stuff from the refrigerator cause they might get the wrong stuff out." -If he had wanted something in the refrigerator, he had to wait until staff gave it to him. -He was ok with the refrigerator locked.</p> <p>Interview on 10/30/20 Staff #1 stated: -She had been trained on client rights. -She had locked the refrigerator if she went to the bathroom.</p>	V 364		

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V 364	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Clients had never complained about the refrigerator being locked. -Clients had told her what they wanted from the refrigerator and she would get it. -The refrigerator had been locked due to a client who would spit in the refrigerator. <p>Interview on 10/15/20 and 10/27/20 Staff #2 stated:</p> <ul style="list-style-type: none"> -The refrigerator had not been locked all day. -She had forgot to unlock the refrigerator when she went to the day program. -She had locked the refrigerator if she went to the bathroom or helped another client. -Clients had taken other clients items from the refrigerator and caused arguments and behaviors. -Client #3 would sometimes have feces under his fingernails while in the refrigerator. -Client #4 would not wash his hands properly before goin in the refrigerator. <p>Interview on 11/4/20 Staff #3 stated:</p> <ul style="list-style-type: none"> -The refrigerator was usually not locked. -She had locked the refrigerator if she went outside or did the laundry. <p>Interview on 11/4/20 the Facility Director stated:</p> <ul style="list-style-type: none"> -She had not known the refrigerator was locked. -She had previously told staff the refrigerator could not be locked. -She understood it was a rights restriction to have the fridge locked. -She would review all client plans and to determine the need and process of locking the refrigerator. 	V 364		

Country Living Guest Home, Inc. - Plan Of Correction

V105 – “No Visitors Allowed Inside” signage has been posted on all main entrances of the facility as of 10/17/20. All visitors are to have their temperature screened before entering the facility, however, since we have a no visitors policy, this has not been an issue. Staff will continue to screen any and all visitors that have to enter the facility out of necessity. However, the no visitors policy stands. Policy will be updated by 1/4/21 to recommend wearing of masks by staff at all times when 6 foot distancing can not be maintained (ie: medication administration, PCS, etc.)

V364 – The refrigerator will remain unlocked until proper documentation for right restrictions has been uploaded into all residents’ Person Centered Plans. As of now, this documentation as not been completed so the refrigerator remains unlocked at all times.

Keith M. Davis MSW, LSW, OP, Admin.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

November 16, 2020

DHSR - Mental Health

DEC 9 2020

Lic. & Cert. Section

Ms. Kellie Hardison, Facility Director
Country Living Guest Home, Inc.
3094 Market St Extension
Washington NC 27889

Re: Complaint Survey completed November 5, 2020
Country Living Guest Home, 3094 Market Street Extension, Washington, NC, 27889
MHL # 007-032
E-mail Address: countrylivinginc@yahoo.com
Intake #NC00169057

Dear Ms. Hardison:

Thank you for the cooperation and courtesy extended during the complaint survey completed November 5, 2020. The complaint was substantiated.

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

- Standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is January 4, 2021.

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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhrs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 9, 2020
Country Living Guest Home, Inc.
Ms. Kellie Hardison

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

Sincerely,

Latisha Grant

Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant