

PRINTED: 02/12/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2021
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NAME OF PROVIDER OR SUPPLIER PALM HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESLEY WAY GREENSBORO, NC 27405
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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 2/11/2021. The complaint was unsubstantiated (intake #NC174094). 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 Disability.</p>	V 000		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(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:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(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</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 adult client may 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</p>	V 364		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Traci Martin, Owner
Eric Bradley, Sp

03/15/21
03/15/21

STATE FORM

0000

WDUT11

If continuation sheet 1 of 9

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V 364	<p>Continued From page 1</p> <p>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;</p> <p>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 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</p>	V 364		

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V 364	<p>Continued From page 2</p> <p>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> <ol style="list-style-type: none"> (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (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 physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. <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</p>	V 364		

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V 364	Continued From page 3 treatment or habilitation in a 24-hour facility has the right to: (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; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (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; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (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; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (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	V 364		

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V 364	<p>Continued From page 4</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a written statement was placed in the client's record detailing the reason for restriction of the right to keep and use personal clothing, document the evaluation of the ongoing restriction every seven days, and document the notification made to the Guardian of the restriction or renewal affecting 1 of 1 former clients (FC #3). The findings are:</p>	V 364	<p>On 02/15/2021 the QP/PM (Eric Bradley) met with the Owner/Administrator (Traci Martin) to discuss procedures and reasoning for when restrictions are placed to a consumer that invades his/hers consumer's rights. These following procedures were discussed and approval by the Human Rights comm.</p> <ol style="list-style-type: none"> 1. The only time any restriction of consumer rights would be for health and safety reason only. (Before any restriction are put in place the PM would 	

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V 364	Continued From page 5 Reviews on 2/8/2021, 2/9/2021 and 2/10/2021 of FC #3's record revealed: - Admission date: 8/19/2014 - Discharge date: 1/8/2021 - Diagnoses: Schizoaffective Disorder; Intermittent Explosive Disorder; and Moderate Intellectual Disability; - A treatment plan originally dated 3/1/2020 with review dates on the 1st of each month, and with the most recent review having been on 11/1/2020; - The treatment plan revealed goals related to: - "[FC #3] will learn to ask for assistance when he needs it, including verbalizing thoughts and feelings, nutritional and hygiene needs, to avoid acting out behaviors triggered by unmet needs ..." - "[FC #3] will learn! Demonstrate how to think for himself and decisions based on facts he is provided with based on his personal knowledge and not relying on other people to make decisions for him ..." - "[FC #3] will refrain from sexual behaviors and the need for instant gratification over the next 30 consecutive days as evidenced by: participation in individual therapy at least twice per week .and clinical groups at least three times each week, learning about healthy sexual boundaries and ..." - The Progress toward goals section in the treatment plan addressed increased elopement since the 7/1/2020 review; - Documentation of "QP (Qualified Professional) Monthly Progress Note" forms revealed: - FC #3 ran away from the facility 4 times during November 2020; - When he returned to the facility, FC #3 would "appear to be drunk and smelling like smoke"; - During December 2020, FC #3 ran away from the facility " ... at least 15 to 20 times and each time he would leave the home staff would call 911. The police would come out look for him and	V 364	would put in writing a detail description for the reasoning for the request. The request would be noted in the consumer's file. 2. The guardian would have to be notify and give a written or verbal approval of the restriction. This would be also noted in the consumer file. 3. Once approval have be given by the Human Right Comm. The PM would use the form attached with this POC. The form will be updated and reviewed every seven day for 30 days. If behaviors are still in affected after the 30days , then a new plan will have to be initiated. The PM/QP and Owner devised a form. The Restriction for Health and Safety form was sent and approved by the Human Right Committee. When a consumer health and safety is a concern the PM must meet with the owner and the guardian first before any restrictions of rights can be approved. This form will only be use in the event that a consumer's behaviors is putting him at risk. (Health and Safety Only)	2/15/21 2/29/21 02/29/21

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V 364	<p>Continued From page 6</p> <p>if they find him they would bring him back ..."</p> <ul style="list-style-type: none"> - There were occasions during December that FC #3 ran away from his transportation service when he was returned to the facility from his day program; - There was no documentation of the reason for taking FC #3's shoes from him; - There was no documentation of the date the rights restrictions began or the review of the rights restrictions every seven days - There was no documentation of the notification given to FC #3's Guardian regarding the rights restrictions or renewals of the restriction. <p>Interview on 2/10/2021 with FC #3 revealed:</p> <ul style="list-style-type: none"> - Facility staff had taken his shoes away from him; - He was unable to remember when or how often staff took his shoes; - He did not believe that facility staff discussed taking his shoes with his Guardian. <p>Attempts were made on 2/9/2021 and 2/10/2021 to reach FC #3's Guardian for an interview. The Guardian did not respond to voicemail requests for return calls by the time of exit.</p> <p>Interview on 2/9/2021 with staff #2 revealed:</p> <ul style="list-style-type: none"> - FC #3 had run away from the facility multiple times, had been assaultive towards facility staff, and had been found at a local alcoholic beverage control (ABC) store with "hookers." <p>Interviews on 2/8/2021 and 2/10/2021 with the QP revealed:</p> <ul style="list-style-type: none"> - FC #3's behaviors had worsened to the point that local Police had to be called multiple times when he ran away; - FC #3 had returned to the facility intoxicated following elopement at times; 	V 364		

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V 364	<p>Continued From page 7</p> <ul style="list-style-type: none"> - FC #3's shoes had been taken away from him to try to prevent him from running away; - The Owner/Chief Executive Officer (O/CEO) had spoken with FC #3's Guardian about his behaviors and received approval to take FC #3's shoes away; - The QP had at least three conversations with FC #3's Guardian about his running away behaviors; - When FC #3's shoes were taken away from him, the QP had been most concerned about his health and safety rather than about client rights restrictions; - FC #3's Guardian had said that as long as the facility was trying to keep him safe, they could take FC #3's shoes away from him to discourage running away; - Facility staff had been taking FC #3's shoes away from him prior to the QP's start date in November of 2020; - He had not completed 7-day reviews of the client rights restrictions or documented reasons for taking FC #3's shoes in the record. <p>Interviews on 2/5/2021, 2/10/2021 and 2/11/20212 with the O/CEO revealed:</p> <ul style="list-style-type: none"> - FC #'s behaviors had escalated to the point that he was running away almost every day; - FC #3's shoes were taken away from him in order to discourage him from running away; - She could not recall when the facility started taking FC #3's shoes away; - FC #3 would jump out windows to run away; - When FC #3 returned to the facility, he would have shoes that someone in the community had given him; - She had talked with FC #3's Guardian on multiple occasions to discuss FC #3's behaviors; - FC #3's Guardian had given permission to take his shoes; 	V 364		

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V 364	Continued From page 8 - The O/CEO did not know that additional documentation had to be completed every 7 days to review the client rights restrictions; - She would work on revising the facility's policies and procedures to be in compliance with regulations related to client rights restrictions.	V 364		

JMJ Enterprise

Communication Log

Policy: According to the policy 10A.NCAC.27E.0104 that governs the use of Restrictive Intervention and the restriction of client rights during an intervention.

Restrictive Intervention includes: Seclusion, Physical Restraint, Isolation/time out, the removal of personal property for behavior control or the use of protective devices to manage and control Behaviors

Definition: Imposing restriction or limitation on someone activities or freedom.

Purpose:

The use of restrictive intervention shall be limited to:

- a) Emergency situation in order to terminate a behavior or action in which a Individual is in imminent danger of abuse or injury to self or other person or when property damage is occurring that poses imminent risk of Danger of injury or harm to self or others, or as planned measure of therapeutic treatment as specified.
- b) Restrictive Intervention should not be employed as a means of coercion, punishment or retaliation to staff or any other person.
- c) Restrictive Intervention should not be used In a manner that causes harm or danger.

Description: Below answer all questions regarding the purpose of any intervention. This form should be placed in the individual file whenever a intervention is used. Answer all questions and make sure a follow is done in a timely manner.

Name of Individual: _____ Date: _____

Type of Restriction: _____

- Person Responsible for documenting the intervention: _____
- Person Responsible for notifying clinical staff: _____

1) Length and Time of the restriction:

2) Brief Description of what happened that warranted a restriction. (Who, What, when, where and How).

3) How was the Individual Physical/Psychological well being before and after the Restriction: _____

4) What were some of the consequences surrounded by the use of the Restriction/Intervention:

5) Was the intervention/Restriction done in a safe place Yes or No Explain: _____

6) Was the intervention/Restriction part of the client behavior Plan:

Follow-Up:

- **Who was contacted on behalf of the intervention:** _____

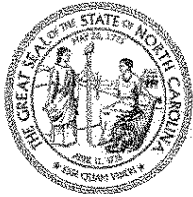
- **Contact information of the person contacted:** _____

- **Date and Time of the person who was contacted:** _____
- **Staff person who completed follow up:** _____ **Date:** _____

Staff Signature: _____ Date: _____

Witness: _____ Date: _____

QP Signature: _____ Date: _____



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

February 15, 2021

Ms. Traci Martin
JMJ Enterprises
3212 Presley Way
Greensboro, NC, 27405

Re: Complaint Survey completed February 11, 2021
PALM House, 3212 Presley Way, Greensboro, NC, 27405
MHL # 041-1095
tmartin@jmejenterprise.net
(NC# 00174094)

Dear Ms. Martin:

Thank you for the cooperation and courtesy extended during the complaint survey completed February 11, 2021. The complaint was 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is April 12, 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.***

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.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List

Facility Name: Palm House MHL Number: 041-1095
Exit Date: 2/11/21 Surveyor(s): Clarice Rising and Annie Nelson

Exit Conference Participants: Traci Martin, Owner, Clarice Rising, & Annie Nelson

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Complaint Survey: The complaint was UNSUBSTANTIATED

Rule Violation/Tag#/Citation Level: GS122C-62 Additional Rights in 24 Hour Facilities/(V364)-Standard Level Citation

Client & Staff Identifier List
(Indicate staff title or number beside each name)

Client #1 [REDACTED]
Client #2 [REDACTED]
Former Client #3 [REDACTED]

Traci Martin, CEO/Owner
Eric Bradley, OP
Staff #1 Anthony Fuller
Staff #2 Brandon Mapp

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days Recite – standard = 30 days Type A = 23 days Type B = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 19197158078

FROM Traci Martin

DATE 2021-04-05 16:11:01 GMT

RE POC for PALM House, JMJ Enterprises MHL0411095

COVER MESSAGE

Attn: Clarice Rising

--

Traci Martin

JMJ Enterprises, LLC , CEO

336-988-1552 cell

336-271-6982 office

tmartin@jmjenterprise.net

www.jmjenterprise.net

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