

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2021
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NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
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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 April 19, 2021. The following complaints were unsubstantiated (Intake #NC00174898, NC00175655, and NC00175637). The complaint (Intake #NC00173829) was substaintiated. 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 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p>	V 289		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 289	<p>Continued From page 1</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for 1 of 4 clients (#3). The findings are:</p> <p>Review on 3/11/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - she was admitted on 9/18/20 - diagnoses of PTSD, Major Depression, ADHD, Obesity, Bedwetting, homicidal and suicidal ideation. - discharged from the facility: February 5, 2021 <p>Review on 4/16/21 of a waiver dated 8/19/2020 revealed:</p> <ul style="list-style-type: none"> - "Approval of Request for Waiver of Rule 10A NCAC 27G.5601(b) and Rule 10A NCAC 27G.5601(c)(3) for [facility]. <p>I hereby approve your request for waiver of Rule 10A NCAC</p> <ul style="list-style-type: none"> - "In accordance with 10A NCAC 27G.0813, the waiver of Rule 10A NCAC 27.G 5601(b) and Rule 10A NCAC 27G.5601(c)(3) cannot exceed the expiration date of the 2020 license, which is December 31, 2020 and, therefore shall be subject to renewal consideration upon the request of the licensee." <p>Interview on 4/19/21 with the licensee confirmed client #3 was discharged on February 5, 2021.</p> <p>- "I did not know the waiver had an expiration date."</p>	V 289		