

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/03/2021
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 3, 2021. The complaint was unsubstantiated (intake #NC00175105). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall</p>	V 109	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAY 17 2021</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

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

Janet F. Johnson

TITLE

Director

(X6) DATE

5/11/21

Division of Health Service Regulation

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V 109	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview 1 of 2 Qualified Professionals (QP) (the Director/Licensee) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 4/28/21 of former client #5's (FC #5) record revealed:</p> <ul style="list-style-type: none"> - 15 year old male admitted 1/29/21. - Discharge date 2/16/21. - Diagnoses included Disruptive Oppositional Defiant Disorder, Mood Dysregulation Disorder; Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, combined type. - Comprehensive Clinical Assessment (CCA) dated 1/21/21 included ". . . frequently left foster home without permission . . . The main risk is elopement. . ." - "Diagnostic Assessment Note" dated 10/14/20 included ". . .[FC #5] has walked away from placement in the past. . . history of running away or walking away from his placements. . ." <p>During interview on 4/19/21 FC #5's Care Coordinator stated:</p>	V 109		
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V 109	<p>Continued From page 2</p> <ul style="list-style-type: none"> - FC #5's extensive history of elopement was communicated to the Director/Licensee prior to his admission to the facility. - FC #5's elopement history was documented in assessments provided to the Director/Licensee prior to his admission to the facility. - The Director/Licensee did not contact her to seek assistance accessing additional resources for FC #5. <p>During interviews on 4/30/21 and 5/03/21 the Director/Licensee stated:</p> <ul style="list-style-type: none"> - She was the Qualified Professional responsible for developing treatment/habilitation plans for the clients. - FC #5 ran away from the facility on 2/11/21 and 2/12/21. - She was aware of his history of eloping; his elopement history was included in the assessments she received prior to FC #5's admission; FC #5's elopement history was a "red flag." - She "never thought he would elope" from the facility. - FC #5's Local Management Entity (LME) authorized a 1:1 staff for him while at school, but she did not think they would authorize 1:1 staffing for him at the facility. - She did not request assistance from the Care Coordinator to access additional resources for FC #5. - The Care Coordinator was involved in treatment planning for FC #5. - Because FC #5 was at the facility for less than 30 days before his discharge, no treatment team meeting was held; if a meeting had been held, the Care Coordinator would have been more involved in the treatment planning process. 	V 109	<p>Miss Daisy's Gentlemen of the Future's Qualified Professional will demonstrate knowledge, skills, and abilities required by the population served as evidenced by requesting assistance from the Care Coordinator to access additional resources for members as necessary.</p> <p><i>James N. [Signature]</i> GOF/OP</p> <p><i>Ongoing</i></p>	
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V 133	Continued From page 3	V 133		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall</p>	V 133		

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V 133	<p>Continued From page 4</p> <p>return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or</p>	V 133		
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V 133	Continued From page 6 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.	V 133		

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V 133	<p>Continued From page 7</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a national criminal background check with fingerprints for 1 of 2 direct care staff (Staff #3) who had been a resident of North Carolina for less than 5 years at the time of employment. The findings are:</p> <p>Review on 4/27/21 of staff #3's personnel record revealed: - Title of Direct Care Staff, hire date 2/05/21. - Consents for criminal background checks</p>	V 133	<p>Miss Daisy's Gentlemen of the Future's Director will request a national criminal background check with fingerprints for all employees who are residents of North Carolina for less than 5 years at the time of employment. The director will conduct ongoing monthly record reviews to ensure continued compliance.</p>	<p>5/4/2021 J. Dngsing</p>

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V 133	<p>Continued From page 8</p> <p>signed and dated 12/20/20 and 2/05/21. - No documentation of a national criminal background check with fingerprints.</p> <p>During interview on 5/03/21 Staff #3 stated: - He moved to North Carolina in November 2020. - He did not submit fingerprints for a national criminal background check prior to being hired.</p> <p>During interviews on 4/30/21 and 5/03/21 the Director/Licensee stated: - Staff #3 moved to North Carolina in December 202 or January 2021. - She requested a state criminal background check and did a name based national background check via the internet. - She did not have Staff #3 provide fingerprints for a national criminal background check because "I forgot." - She would have Staff #3 go to the local Sheriff's Department to provide fingerprints as required.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p>	V 736		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**MISS DAISY'S GENTLEMEN OF THE FUTURE 304 FAIRVIEW AVENUE
WILSON, NC 27894**

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V 736

Continued From page 9

Based on observation and interviews the facility was not maintained in a safe manner. The findings are:

Observations on 4/27/21 between approximately 10:00 am and 3:00 pm and on 4/29/21 between approximately 1:00 pm and 3:00 pm revealed the smoke detector in the bedroom shared by client #2 and client #3 emitted a chirping sound approximately every 30 seconds, typically an indicator the batteries needed to be replaced.

During interview on 4/27/21 client #2 stated:
- The smoke detector had been chirping "ever since I got here."
- The sound did not interfere with his sleep.
- "Grandma" said the batteries needed to be replaced.

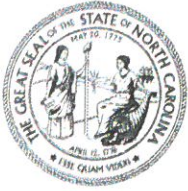
During interview on 4/29/21 client #3 state the smoke detector in his bedroom needed new batteries; the chirping sound did not bother him.

During interview on 5/03/21 the Director/Licensee stated she was aware of the smoke detector chirping. She was not sure why the batteries had not been replaced, but she would ensure new batteries were put into the detector.

V 736

Daily Miss Daisy's Gentlemen of the Future's Safety Officer will monitor and ensure that the facility is maintained in a safe manner as evidenced by ensuring that batteries are replaced in all smoke detectors to eliminate chirping sounds.

*5/3/2021
+
ongoing*



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 5, 2021

Tonya F. Johnson, Director/Licensee
Tonya Fuller Johnson
PO Box 1991
Wilson, NC 27894

Re: Annual, Complaint, Follow Up Survey completed 5/03/21
Miss Daisy's Gentlemen Of The Future, 304 Fairview Avenue, Wilson, NC 27894
MHL # 098-100
E-mail Address: tgentlemenofthefuture@yahoo.com
Intake #NC00175105

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed May 3, 2021. The complaint was unsubstantiated,

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is **June 2, 2021.**
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is **July 2, 2021.**

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

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 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 Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL098-100	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/3/2021
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NAME OF FACILITY MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0111	Correction	ID Prefix V0113	Correction	ID Prefix V0118	Correction
Reg. # 27G .0205 (A-B)	Completed	Reg. # 27G .0206	Completed	Reg. # 27G .0209 (C)	Completed
LSC	05/03/2021	LSC	05/03/2021	LSC	05/03/2021
ID Prefix V0131	Correction	ID Prefix V0536	Correction	ID Prefix V0537	Correction
Reg. # G.S. 131E-256 (D2)	Completed	Reg. # 27E .0107	Completed	Reg. # 27E .0108	Completed
LSC	05/03/2021	LSC	05/03/2021	LSC	05/03/2021
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Corie Anderson</i>	DATE 5/03/21
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 6/7/2019	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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