



The Council on Quality and Leadership
Partners in Excellence: Leadership for the Journey

513 Raleigh Road, Suite D
Clinton, NC 28328
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Candii Homes, INC

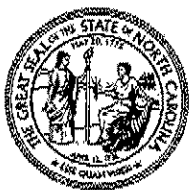
Fax

To: <u>Emiley Jones</u>	From: <u>Candii Homes</u>
Fax: <u>919-715-8078</u>	Pages: <u>7 with Cover</u>
Phone:	Date: <u>6-2-2021</u>
Re: <u>Plan of Correction</u>	cc:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 27, 2021

Rosalina Teel
513 Raleigh Road, Suite D
Clinton, NC 28328

Re: Annual, Complaints and Follow Up Survey completed 05/13/21
Candii Homes, 404 East Powell Street, Clinton, NC 28328
MHL # 082-056
E-mail Address: candiihomes@embarqmail.com
Intake #NC00176561 and NC00176467

Dear Ms. Teel:

Thank you for the cooperation and courtesy extended during the annual, complaints and follow up survey completed 05/13/21. The complaints were 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

- Type A1 rule violation is cited for 10A NCAC 27G .5601 Scope (V289).
- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violation and all cross-referenced citations must be **corrected** within 23 days from the exit date of the survey, which is 06/05/21. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Rosalina Teel for each day the deficiency remains out of compliance.
- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is 06/12/21.

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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Willams 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

05/27/21
Candii Homes
Ms. Teel

- 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.

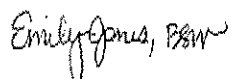
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

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 at 910-214-0350.

Sincerely,



Emily Jones, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant

Candii Homes Plan of Correction

V108 – By 6/5/2021, all Candii Homes staff will be trained in CPR/First Aid, Behavior management (de-escalation techniques), VNS and CPAP training. The Director and QP will ensure that trained staff are working while clients are present in the facility. The agency will have a nurse and QP conduct these trainings. The Director will review all personnel charts monthly to ensure all trainings are valid.

V111 – By 6/5/2021, all clients being served by Candii Homes will have a valid treatment plan. The QP will meet with the client and their guardian to develop person centered plans for clients without one. By 6/5/2021, the QP will train all staff on the treatment plans and include any medical issues that the client may have. In the future, the staff will be trained on all medical concerns before admitting a client to the facility. The QP will review all treatment plans quarterly and document progress or regression.

V112 – By 6/5/2021, any client that requires a one on one staff will have one. The QP will review all treatment plans by 6/5/2021 to ensure they include all medical concerns that the clients have. The agency will address all client medical concerns upon admission. The agency will have a nurse train staff on any medical concerns and medical equipment by 6/5/2021. The QP will review treatment plans quarterly and make addendums as needed.

V114 – The agency will complete Fire & Disaster drills quarterly on each shift. Staff and clients will be trained on emergency drills by 6/5/2021. The Director will review all emergency drills quarterly and file them at the main office.

V118 – By 6/5/2021, all staff will be trained in medication administration by a nurse. The training will cover administration, errors, refusals, and medications that are not available. The nurse will review blood glucose checks and review parameters from the physician. The QP will review Medication Administration Records weekly to ensure staff are documenting correctly. The QP will also observe staff weekly while administering medications.

V133 – By 6/5/2021, the Director will ensure all personnel files have a criminal history record check. In the future, the Director will complete criminal record checks upon hire. The agency will offer conditional employment if the employee requires a national criminal record check. The agency will submit criminal history checks within 5 days of hire if offering conditional employment. The Director will review all personnel files monthly to ensure compliance.

V289 – By 6/5/2021, all staff will be trained in CPR/First Aid, medication administration, incident reporting, blood glucose monitoring, NCI, and treatment plans. Staff will implement strategies for behavior management and will use de-escalation techniques. By 6/5/2021, the agency will ensure all employees have a criminal history record check. The QP and a nurse will review physician's orders monthly to ensure the medications are being administered correctly. All clients will have a valid treatment plan by 6/5/2021. All clients will have an admission assessment completed within 30 days of admission.

V366 – By 6/5/2021, all staff will be trained in incident reporting. Staff will learn to complete incident documentation and will notify a supervisor immediately. The QP and/or Director will submit an IRIS report if the incident meets the criteria for level II or III. The staff will review all incident reporting policies that the agency has in place. The Director will review all incident reports within 48 hours of the incident.

V367 – By 6/5/2021, all staff will be trained in incident reporting. Staff will notify a supervisor immediately of all incidents and the supervisor will determine if it is level I, II, or III. If the incident is level II, an IRIS report will be submitted within 72 hours. If the incident is level III, it will be submitted within 24 hours.

V536 – By 6/5/2021, all staff will be trained in NCI. The QP will also review de-escalation techniques and behavior management information with staff. The Director will review personnel files monthly to ensure each employee is trained in NCI annually.

V537 – By 6/5/2021, all staff will be trained in seclusion, physical restraints, and isolation timeouts. The Director will review personnel files monthly to ensure each employee is trained annually and as needed.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER
CANDII HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE
**404 EAST POWELL STREET
CLINTON, NC 28328**

(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>An annual, complaint and follow up survey was completed on May 13, 2021. The complaints were unsubstantiated (Intake #NC00176467 and Intake #NC00176561). Deficiencies were 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

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

TITLE

(X6) DATE

Kercher

Administrative

6/2/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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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 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed employee training as required for 4 of 4 paraprofessional staff (#1, #2, #3 and #4). The findings are:</p> <p>Review on 05/12/21 of Former Client (FC) #7's record revealed: -23 year old male. -Admission date 04/05/21. -Discharge date 04/19/21. -Diagnoses of Autism, Attention Deficit Hyperactivity Disorder, Seizure Disorder and Sleep Apnea. -FC #7's admission assessment revealed he had a Vagal Nerve Stimulator (VNS) and a Continuous positive airway pressure (CPAP) machine.</p> <p>Review on 05/12/21 of client #3's record revealed: -24 year old male. -Admission date of 11/02/17. -Diagnoses of Selective Mutism, Autism Spectrum Disorder, Unspecified Schizophrenia, Post Traumatic Stress Disorder and Anxiety.</p> <p>Review on 05/13/21 of client #3's ISP dated 03/15/21 revealed: "-Long Range Outcome: [Client #3] needs one on one support with a support staff for his health</p>	V 108		