STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL086034	A. BUILDING: _____ B. WING _____	R 06/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE LILY #1	103 PEACE LILY LANE DOBSON, NC 27017

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V 000	INITIAL COMMENTS An Annual, Complaint and Follow-Up Survey was completed on June 4, 2021. The complaint was unsubstantiated (intake #NC00177704). 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		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) 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.	V 110		

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V 110	Continued From page 1 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 3 of 3 paraprofessionals were supervised by a qualified professional as specified in rule, to provide the core skills of, but not limited to; technical knowledge, analytical skills, decision-making and clinical skills. The findings are: Review on 6-1-21 of the Client and Staff Census form populated by the Executive Director (ED) revealed there was no Qualified Professional (QP) listed. Interview on 6-2-21 with the House Manager (HM) revealed: - his supervisor was the ED - he had not worked with a QP at the facility - if he had medical questions related to client ' s care, he would try to contact their physicians - further interview failed to reveal who HM might contact for mental health clinical care questions related to clients at the facillity Interview on 6-4-21 with client #1, client #2 and client #3 revealed they could not remember	V 110		

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V 110	Continued From page 2 working with a QP Interview on 6-2-21 with staff #1 revealed: - staff have not been supervised by a QP - clients have not been meeting with a QP - there has not been a QP that she ' s known of since she began her employment with the facility Interview on 6-3-21 with staff #2 revealed: - she was unaware of a QP working with clients or staff regarding clinical issues - "I don ' t think we have one, I haven ' t seen anybody that would be the QP" - "I think having a QP there for the staff and clients would be a good thing, absolutely" Interview on 6-1-21 with former staff #3 revealed: - there was no QP to update treatment/service plans - there has not been a QP available to supervise staff for a long time (exact date not provided) - there was no QP to work with clients, their goals or their treatment plans - it had been over a year since she could remember a QP working at the facility Interview on 6-2-21 with the ED revealed: - there was no QP currently working at the facility, or the sister facility next door - it had been difficult to find a QP to hire or with whom they could contract for services - "We ' ve had trouble keeping QPs, sometimes they ' ll only stay for 6 months" - she had contacted (exact date not provided)	V 110		

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V 110	Continued From page 3 with the owner of the Psychosocial Rehabilitation (Owner-PSR) program where some of the clients attended - the Owner-PSR had agreed to provide QP services - the Owner-PSR had also agreed to update treatment/service plans, but he had not - she had not placed advertisements for the position of QP on any web-based employment search sites - she may have a nurse employed at another sister facility that could provide QP services to the staff and clients, but she was still in the process of working that out	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the	V 112		

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V 112	Continued From page 4 provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to develop a Treatment/Habilitation or Service Plan based on clients ' assessments, that included; anticipated outcomes, strategies, scheduled reviews or a basis for the evaluation of the outcomes for 3 (client #1, client #2 and client #3) of 3 clients surveyed. The findings are: Record review on 6-2-21 of client #1 ' s facility record revealed: - admitted 3-16-21 - 26 years old - diagnosed with: - Bipolar Disorder - Traumatic Brain Injury - Cerebral Tremor - Borderline Intellectual Functioning - no Treatment/Habilitation or Service Plan Record review on 6-2-21 of client #2 ' s facility record revealed: - admitted 2-1-21 - 48 years old - diagnosed with: - Persistent Depressive Disorder - Intermittent Explosive Disorder	V 112		

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V 112	Continued From page 5 - Intellectual Disability - no Treatment/Habilitation or Service Plan Record review on 6-2-21 of client #3 ' s facility record revealed: - admitted 9-1-20 - 21 years old - diagnosed with: - Intellectual Developmental Disorder - Generalized Anxiety Disorder - Bipolar Disorder - Attention-Deficit, Hyperactive Disorder - no Treatment/Habilitation or Service Plan Interview on 6-2-21 with staff #1 revealed: - there was no Qualified Professional (QP) to create treatment plans for the clients - she measures client ' s progress based on her observation, assisting them and helping them Interview on 6-3-21 with staff #2 revealed: - when asked how she measures clients ' progress for achieving their goals stated, "I don ' t know" - "we keep up with the (clients ') tasks from wall notes ..." - there was no QP working with each client for the development and implementation of their treatment plans Interview on 6-1-21 with former staff #3 revealed: - there had been no treatment team meetings in over a year (exact date not provided) - there was no QP to work on the clients ' goals	V 112		

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V 112	Continued From page 6 Interview on 6-1-21 and 6-2-21 with the Executive Director revealed: - there was no QP working at the facility to update treatment plans - the last QP left the facility last year (exact date not provided) - "We ' ve had trouble keeping QPs, sometimes they ' ll only stay for 6 months"	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the staff failed to maintain the facility in a safe, attractive, and orderly manner. The findings are: Observation on 6-1-21 at approximately 2:30 pm revealed: - 3 electric wall outlet covers were missing Observation on 6-2-21 at approximately 10:30 am revealed: - bathroom door (adjacent to kitchen) was loose on hinges, difficult to close and open	V 736		

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V 736	Continued From page 7 - in bathroom (sink and lavatory only) adjacent to the kitchen, the 3-switch wall plate cover was missing - 1 electric wall outlet cover was missing - light fixture cover in eat-kitchen dining was missing Observation on 6-4-21 from approximately 10:55 am to 11:15 am revealed: - the outlet and switch plate covers first observed missing on 6-1-21 had not been replaced - kitchen sink faucet was loose - in client #2 ' s bedroom one outlet cover was missing, and both plugs were occupied with client #2 ' s electronics - in the bathroom shared by client #3 and client #,1 joining their bedrooms: - the 3-switch wall plate over the right side of the sink was missing - the electric wall outlet cover to the right of the sink was missing Interview on 6-4-21 with the Executive Director revealed: - outlet and switch plate covers were removed due to cracks and being broken - replacements had already been ordered - stated she thought the new covers would have arrived 6-3-21 - surveyor requested a copy of the purchase order/receipt for the new covers - reported the administrator could, " ...send it to you" - no purchase order/receipt was provided - "I think some of them (electric switch and outlet covers) have been off longer. I got a head	V 736		

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V 736	Continued From page 8 of myself when I asked [House Manager] to replace them. I thought we had some here. I agree it could be a safety issue."	V 736		