

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL086032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/04/2021
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NAME OF PROVIDER OR SUPPLIER PEACE LILY #2	STREET ADDRESS, CITY, STATE, ZIP CODE 101 PEACE LILY LANE DOBSON, NC 27017
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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 June 4, 2021. The complaint was unsubstantiated (intake #NC00177708). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. 	V 110	<p><i>QP hired</i></p>	<p><i>4/9/21</i></p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Adm	(X6) DATE 6/15/21
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V 110	<p>Continued From page 1</p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>Interview on 6-4-21 with client #1, client #2 and client #3 revealed they could not remember working with a QP</p> <p>Interview on 6-2-21 with the House Manager (HM) revealed:</p> <ul style="list-style-type: none"> - 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 	V 110		
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V 110	<p>Continued From page 2</p> <p>questions related to clients at the facility</p> <p>Interview on 6-1-21 with staff #1 revealed:</p> <ul style="list-style-type: none"> - he did not know if there was a QP employed by the facility - he did not receive any supervision from a QP - his supervisors were the HM and the ED - he could not remember the last time clients had the opportunity to meet one-on-one with a QP <p>Interview on 6-1-21 with former staff #3 revealed:</p> <ul style="list-style-type: none"> - there was no QP to update treatment/service plans - there has not been a QP available to supervise staff - no QP to work with clients - it had been over a year since she could remember a QP working at the facility <p>Interview on 6-3-21 with staff #2 revealed:</p> <ul style="list-style-type: none"> - there used to be a QP that came to the facility every month - they would do supervision with the staff and discuss client ' s clinical needs - they would also review the client ' s progress towards the goals in their PCPs (Person Centered treatment Plans) - that person stopped coming around the middle of 2019 (exact date not provided) - there has been no facility QP since then - it would be very good for the clients to have a QP <p>Interview on 6-2-21 with the ED revealed:</p>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> - 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) 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	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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; 	V 112	<p><i>all PCP's up to date</i></p>	<p><i>8/4/21</i></p>

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V 112	<p>Continued From page 4</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>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:</p> <p>Review on 6-4-21 of client #1 ' s facility record revealed:</p> <ul style="list-style-type: none"> - admitted 3-29-21 - 19 years old - diagnosed with: <ul style="list-style-type: none"> - Developmental Delay - Major Depressive Disorder - Post Traumatic Stress Disorder - no Treatment/Habilitation or Service Plan in his record 	V 112		

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V 112	<p>Continued From page 5</p> <p>Review on 6-4-21 of client #2 ' s facility record revealed:</p> <ul style="list-style-type: none"> - admitted 6-1-15 - 43 years old - diagnosed with: <ul style="list-style-type: none"> - Mild Mental Retardation - Bipolar Disorder - Depression - no Treatment/Habilitation or Service Plan in his record <p>Review on 6-4-21 of client #3 ' s facility record revealed:</p> <ul style="list-style-type: none"> - admitted 4-4-19 - 42 years old - diagnosed with: <ul style="list-style-type: none"> - Anxiety - Agoraphobia - no Treatment/Habilitation or Service Plan in his record <p>Interview on 6-1-21 with staff #1 revealed:</p> <ul style="list-style-type: none"> - was unsure if there was a Qualified Professional (QP) to update goals - could not remember the last time clients met with their QP <p>Interview on 6-3-21 with staff #2 revealed:</p> <ul style="list-style-type: none"> - the facility had no QP - "We haven ' t had treatment plans" - there had not been a QP since, " ...around the middle of 2019 ..." - there used to be a monthly meeting with the QP to discuss clients ' goals - "It was a good thing (having a QP), it would be good to have that again" 	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 ensure the facility was maintained in a safe, attractive and orderly manner. The findings are: Observations on 6-4-21 from approximately 11:45 am to 12:35 pm revealed: - in the eat-kitchen/dining area, 1 electric outlet cover was missing - one, dual-light switch cover in the eat-in kitchen/dining room was missing - the light fixture cover in dining area was missing	V 736	<p><i>Outlet covers and switch plate covers replaced</i></p> <p><i>all other repairs complete</i></p>	<p><i>6/9/21</i></p> <p><i>8/4/21</i></p>

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

PEACE LILY #2 **101 PEACE LILY LANE**
DOBSON, NC 27017

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> - the counter-top surface was separated from the base cabinet - the 3-switch light cover in the dry storage area adjacent to the kitchen was missing - the hallway between client bedrooms had: <ul style="list-style-type: none"> - two, 3-switch light covers missing - one electric outlet cover missing - in client #2 's bedroom: <ul style="list-style-type: none"> - one electric outlet cover missing with both plugs occupied with electronics - one electric outlet cover missing under window - blue painter 's tape approximately 2 feet long between the wall and ceiling <p>Interview on 6-4-21 with client #3 revealed:</p> <ul style="list-style-type: none"> - he was aware the outlet covers and switch covers were missing - "they took them off because they were painting" - the covers had been missing for up to a year - "I guess it should be taken care of" <p>Interview on 6-4-21 with the Executive Director revealed:</p> <ul style="list-style-type: none"> - 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 	V 736		

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V 736	Continued From page 8 outlet covers) have been off longer. I got a head 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		
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