

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER HELPING HANDS MH/DD SERVICES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 317 WASHINGTON AVENUE WELDON, NC 27890		
(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	INITIAL COMMENTS An annual and complaint survey was completed on 7/19/21. The complaint was unsubstantiated Intake #NC00177426. A deficiency was cited. This facility is licensed for the following categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program & 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally	V 113		

DHSR - Mental Health

AUG 11 2021

Lic. & Cert. Section

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

TITLE

(X6) DATE

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V 113	<p>Continued From page 1</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure documentation of progress toward outcomes were in 2 of 3 audited clients (#1 & #2) records. The findings are:</p> <p>Review on 7/19/21 of client #1's record revealed: - admitted 1/20/21 - diagnoses of Diabetes, Hypertension & Major Depressive Disorder - last documented service notes in the record was January 2021</p> <p>Review on 7/19/21 of client #2's record revealed: - admitted 10/21/20 - last documented service notes in the record was January 2021</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>During interview on 7/19/21 the Qualified Professional/Director (QP/Director) reported:</p> <ul style="list-style-type: none"> - the clients' service notes were saved in the teachers' computers - the teachers were not available and she didn't have access to the service notes - when she (QP/Director) filled in for the teachers, she wrote the service notes down and gave them to the teacher - the teacher completed weekly notes and at the end of the week, the teacher would sign her name (teacher name) on the notes - if she could change one thing about the program, it would be to have access to the service notes <p>During interview on 7/19/21 the Licensee reported:</p> <ul style="list-style-type: none"> - she would ensure service notes were in the clients' records & staff signed their names to the service notes 	V 113		

Helping Hands MH/DD Services LLC
317 Washington Avenue
Weldon, North Carolina 27890

MHL-042-086

DHSR - Mental Health

Survey completed on 07/19/2021
POC completed on 8/4/2021

AUG 11 2021

Plan Of Correction V113

Lic. & Cert. Section

Corrected Measures:

On July 16, 2021, an annual survey was completed by DHSR. During the survey, a deficiency was cited. Immediately after the annual survey, Quality Management department was brief of the possible citation by the owner Veflisa Boyd.

On July 19, 2021, Regina Bell, Quality Improvement Quality Assurance (QIQA) Director performed an internal review of 100% of Psychosocial Rehabilitation (PSR) consumer's records to ensure the agency was in compliant with 10A NCAC 27G.0206. During the review, all missing documentations for the two (2) files were identified and placed in the consumer's record for compliant with 10A NCAC 27G. 0206. After the review, all PSR consumer's record were in compliant with 10A NCAC 27G. 0206.

Due to the internal review findings, the QIQA Director called a mandatory meeting with management, PSR staff including PSR Director on July 20, 2021 to discuss the findings by the state examiner and QIQA Director's internal review. The QIQA Director brief and reminded all management and staff of the agency's process, policy and procedure for Client's Records to ensure compliant with 10A NCAC 27G.0206. going forward

Preventive Measures:

Effective Immediately – Consumer Record Quarterly Reviews:

Since the agency currently has less than 20 PSR consumers, QIQA will increase its PSR consumer's record reviews to 100% during the agency's Quarterly Internal Audit Review to ensure compliant with 10A NCAC 27G.0206

Who Will Monitor: QIQA Director will monitor/review All PSR consumer's records on a quarterly basis and report all findings with deficiencies to the agency's owner/president immediately and to the Executive and QIQA Committee during its quarterly meeting or when deems necessary.

How Often: QIQA Director will monitor/review All PSR consumer's records on a quarterly basis and report all findings with deficiencies to the agency's owner/president immediately and to the Executive and QIQA Committee quarterly or when deems necessary.

Regina Bell, QIQA Director 8/4/2021
Cc: Veflisa Boyd

Regina Bell QIQA Director
8/4/2021