

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/08/2021
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE#1, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3116 CEDARWOOD DRIVE DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on September 8, 2021. The complaint was substantiated (Intake #NC00179669). 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 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; (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 provider stating why such consent could not be obtained. 	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to have current treatment plans affecting 2 of 2 clients (#1 #2). The findings are:</p> <p>Review on 9/3/21 of Client #1's record revealed the following information: -- A 72-year-old female. -- Admitted to the facility on 4/16/14. -- Diagnoses on the FL2 dated 1/11/21 included Schizophrenia/Paranoid and "Intellectually Capacity."</p> <p>Review on 9/8/21 of Client #2's record revealed a treatment plan dated 3/13/20 with 2 goals identified. Further review revealed both of these goals pertaining to her Psychosocial Rehabilitation (PSR) day program, with program staff identified as the responsible staff. There were no residential goals on this treatment plan.</p> <p>Review on 9/8/21 of Client #2's record revealed the following information: -- A 48-year-old female. -- Admitted to the facility on 9/11/18. -- Diagnoses on the FL2 dated 1/29/21 include Schizophrenia, Graves Disease, Tobacco Use Disorder, Anemia, Folic Acid Deficiency, Neutropenia and Tubal Ligation. -- No current treatment plan with the last one dated 9/1/20.</p> <p>Interview on 9/3/21 with the Licensee/Administrator revealed that the</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 2</p> <p>Qualified Professional (QP) was responsible for the client's treatment plans.</p> <p>Interview on 9/3/21 with the QP revealed that she was unaware that Client #2's treatment plan had expired.</p> <p>Interview on 9/8/21 with the Licensee/Administrator revealed the PSR was responsible for Client #3's treatment plan and they were supposed to include residential goals.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency has been cited 3 times since the original cite on 1/14/20 and must be corrected within 30 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by:</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 3</p> <p>Based on interview and record review, the facility failed to assure that disaster drills were held at least quarterly on each shift. The findings are:</p> <p>Review on 9/2/21 of the facilities fire and disaster drills log revealed that only 4 disaster drills were conducted from 9/9/20 through 7/9/21.</p> <p>Interview on 9/8/21 with the Licensee/Administrator revealed that the form the facility uses has both fire drill and disaster drill information on each sheet, and that staff should be performing both drills at the same time.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by:</p>	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 4</p> <p>Based on interview and record review, the facility management failed to assure that a 6 month medication regimen review was obtained on each client receiving psychotropic medications affecting 2 of 2 current clients and 1 of 1 former client (FC #3). The findings are:</p> <p>Review on 9/3/21 of Client #1's record revealed the following information: -- A 72-year-old female. -- Admitted to the facility on 4/16/14. -- Diagnoses on the FL2 dated 1/11/21 included Schizophrenia/Paranoid and "Intellectually Capacity." -- Psychotropic medications ordered by a Physician and administered by the facility staff include Haldol, Cogentin and Klonopin. -- Documentation on her May 2021 Medication Administration Record revealed a hand written note by a Pharmacist "5/17/21 review completed - emailed to facility."</p> <p>Review on 9/8/21 of Client #2's record revealed the following information: -- A 48-year-old female. -- Admitted to the facility on 9/11/18. -- Diagnoses on the FL2 dated 1/29/21 include Schizophrenia, Graves Disease, Tobacco Use Disorder, Anemia, Folic Acid Deficiency, Neutropenia and Tubal Ligation. -- Psychotropic medications ordered by a Physician and administered by the facility staff include Haldol and Cogentin. -- The last 6 month review was done on 1/26/21.</p> <p>Review on 9/2/21 of FC #3's record revealed the following information: -- A 35-year-old female. -- Admitted to the facility on 5/13/2010. -- Discharged from the facility on 7/21/21.</p>	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 5</p> <p>-- Diagnoses on the FL2 dated 2/19/21 include Schizoaffective Disorder-Bipolar Type and Mild MR/DD (Mental Retardation/Developmental Disability).</p> <p>-- Psychotropic medications ordered by a Physician and administered by the facility staff include Haldol, Ativan, Zyprexa, Depakote and Sapheris.</p> <p>-- The last 6 month review was done on 11/13/20.</p> <p>Interview on 9/8/21 with the Licensee/Administrator revealed the following information:</p> <p>-- She had just switched pharmacies within the last few months.</p> <p>-- She was unaware these reviews were not being completed or obtained.</p> <p>-- She was unaware that one of these reviews was emailed to her, and she was unable to find this email.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 121		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 6</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 7</p> <p>27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a Developmental Disability affecting 2 of 2 current clients (#1 #2) and 1 of 1 former client (FC #3). The findings are:</p> <p>Review on 9/2/21 of the facility license revealed the facility is licensed as a 5600C Supervised Living Facility. Review of the Rules for Mental Health Developmental Disabilities and Substance Abuse Facilities and Services revealed "C" designation means a facility which serves adults whose primary diagnosis is a Developmental Disability but may also have other diagnoses.</p> <p>Review on 9/3/21 of Client #1's record revealed the following information: -- A 72-year-old female. -- Admitted to the facility on 4/16/14. -- Diagnoses on the FL2 dated 1/11/21 included Schizophrenia/Paranoid and "Intellectually Capacity." -- No documentation of a primary diagnosis of a Developmental Disability.</p> <p>Review on 9/8/21 of Client #2's record revealed the following information:</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 8</p> <p>-- A 48-year-old female. -- Admitted to the facility on 9/11/18. -- Diagnoses on the FL2 dated 1/29/21 include Schizophrenia, Graves Disease, Tobacco Use Disorder, Anemia, Folic Acid Deficiency, Neutropenia and Tubal Ligation. -- No documentation of a primary diagnosis of a Developmental Disability.</p> <p>Review on 9/2/21 of FC #3's record revealed the following information: -- A 35-year-old female. -- Admitted to the facility on 5/13/2010. -- Discharged from the facility on 7/21/21. -- Diagnoses on the FL2 dated 2/19/21 include Schizo affective Disorder-Bipolar Type and "Mild MR/DD (Mental Retardation/Developmental Disability)." -- No documentation of a primary diagnosis of a Developmental Disability.</p> <p>Interview on 9/3/21 with the Program Coordinator revealed that she "sometimes" fills out the information including diagnoses on client's FL2s for their Physician to sign.</p> <p>Interview on 9/3/21 revealed that FC #3 had psychological testing done at the end of December 2020 to clarify her diagnoses, however the office where this testing was done refused to give her a copy.</p> <p>This deficiency constitutes a re-cited deficiency. This deficiency has been cited 5 times since the original cite on 2/8/19 and must be corrected within 30 days.</p>	V 289		
V 502	27D .0102 Client Rights - Suspension and Expulsion	V 502		

Division of Health Service Regulation

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V 502	<p>Continued From page 9</p> <p>10A NCAC 27D .0102 SUSPENSION AND EXPULSION POLICY (a) Each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility. (b) The governing body shall develop and implement policy for suspension or expelling a client from a service. The policy shall address the criteria to be used for an suspension, expulsion or other discharge not mutually agreed upon and shall establish documentation requirements that include: (1) the specific time and conditions for resuming services following suspension; (2) efforts by staff of the facility to identify an alternative service to meet the client's needs and designation of such service; and (3) the discharge plan, if any.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure 1 of 1 former client was not subjected to unwarranted expulsion from the facility. The facility management also failed to it implement its policy for suspension/expulsion and documented 1) the specific time and conditions for resuming services following suspension; 2) efforts by staff of the facility to identify an alternative service to meet the client's needs and designation of such service; and 3) the discharge plan, if any affecting 1 of 1 former client (FC #1). The findings are:</p> <p>Review on 9/8/21 of the facilities ".0102 SUSPENSION AND EXPULSION" policy</p>	V 502		

Division of Health Service Regulation

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V 502	<p>Continued From page 10</p> <p>revealed the following information: -- "...The client and his/her guardian shall be notified in writing (with a copy retained in the client record) immediately upon the program decision to suspend or expel a client. This notice shall include: (1) the specific time and condition/s for resuming services in the event of a suspension (2) recommendations for any alternative services which may meet the client's needs (3) discharge plan, including referral (4) copy of the client grievance procedure. -- "Clients may appeal the suspension or expulsions by following the Consumer Grievance procedure ..."</p> <p>Review on 9/3/21 of the facility's policy book revealed the following: "Discharge/Aftercare Within 15 days following discharge, a discharge summary will be written which shall include: 1. Reason for admission 2. Significant findings 3. Course and progress of the client with regard to each identified need 4. Condition of client at discharge 5. Recommendations and arrangements for further services; treatment; and 6. Final diagnosis"</p> <p>Review on 9/2/21 of FC #3's record revealed the following information: -- A 35-year-old female. -- Admitted to the facility on 5/13/2010. -- No documentation of a discharge date. -- Diagnoses on the FL2 dated 2/19/21 include Schizoaffective Disorder-Bipolar Type and Mild MR/DD (Mental Retardation/Developmental Disability). -- No documentation of any discharge summary or plan.</p>	V 502		

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V 502	<p>Continued From page 11</p> <p>-- No documentation that the client was given written notice of discharge.</p> <p>Interview on 9/2/21 with the Licensee/Administrator revealed the following information: -- FC #3's date of discharge was 7/21/21. -- She had been Psychiatrically hospitalized for the 7 days prior (7/15/21 through 7/21/21). -- When she returned to the facility she became verbally and physically threatening to the other clients and staff. She physically assaulted a staff and was re-hospitalized.</p> <p>Review on 9/3/21 of a note written by the Qualified Professional (QP) revealed the following information: 7/21/20 "On today consumer (FC #3) was discharged from [name of Psychiatric Hospital]. She came to MH (Melody House) and was verbally aggressive with staff and other residents. Consumer was redirected and advised of the consequences of her continued aggressive behavior. Consumer then began to make threats to harm herself staff and residents. She then physically attacked staff and (unable to read word) had to observe her to ensure that she was okay. Consumer was advised that because of her continued non-compliant behavior and aggressive (physical) that she would not be allowed to return to MH.</p> <p>Interview on 9/3/21 with the Licensee/Administrator revealed the following information: -- Prior to FC #3's current hospitalization, she and the QP met with the client that she was "officially on a probation period" due to her behaviors. -- While FC #3 was hospitalized she decided to give the client a 2 week notice of discharge.</p>	V 502		

Division of Health Service Regulation

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V 502	Continued From page 12 -- She did not do this in person, she asked one of the Nurses she had been communicating with to tell her that. -- Nothing in writing had been provided to the client. -- The hospital had called her several times letting her know that FC #3 was ready to be discharged and requesting that facility staff come pick her up. -- She told the hospital staff when they called that she was not going to come pick FC #3 up because the facility had discharged her. -- She never did pick FC #3 up from the hospital despite several requests. -- She does not know where the client went from the hospital.	V 502		