STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL005-024	A. BUILDING: ______ B. WING ______	C 10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW PLACE GROUP HOME	**603 LONG STREET WEST JEFFERSON, NC 28694**

(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 October 26, 2021. The complaint was substantiated (Intake #NC00180090). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.	V 000		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with	V 290		

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V 290	Continued From page 1 one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure a minimum of one staff member was present at all times except when the client's treatment plan documented that the client was capable of being without supervision affecting 2 of 2 current clients (Clients #1 and #2) and 1 of 1 deceased clients (DC #3). The findings are: Review on 8/18/21 of Client #1's record revealed: -Admission date: 8/15/19. -Diagnoses of Unspecified Schizophrenia Spectrum and other psychotic disorder (d/o); Major Depressive d/o, recurrent episode, moderate; Alcohol Use d/o, moderate; Amphetamine-type substance use d/o, severe; and Essential (primary) Hypertension. Review on 8/18/21 of Client #1's Assertive Community Treatment Team (ACTT) assessment	V 290		

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dated 1/11/21 revealed:
-Continued to have trouble focusing and getting motivated to do things.
-Ongoing and frequent delusion episodes.

Review on 8/18/21 of Client #1's Individual Specific Competencies dated 3/14/20 revealed:
-He had 2 hours of unsupervised time, either in or out of the facility, but he seldom used it.

Review on 8/19/21 of an email dated 7/12/20 from the Qualified Professional (QP)/Group Home Manager regarding unsupervised time revealed:
-Client #1 should have 4 hours of unsupervised time in and outside of the facility.

Review on 8/18/21 of Client #1's Person-Centered Profile (PCP) dated 7/12/21 revealed:
-There were no goals or strategies addressing the client's ability to be without supervision while in and outside of the facility.

Interview on 8/18/21 with Client #1 revealed:
-He had unsupervised time but he was not sure how much.
-He denied being unsupervised in the home.
-He did go for a walk at times, but "not much."

Review on 8/18/21 of Client #2's record revealed:
-Admission date: 7/26/17.
-Diagnoses of BiPolar II d/o, moderate; Post-Traumatic Stress Disorder; and Intellectual Developmental Delay (IDD) Mild.

Review on 8/18/21 of Client #2's "Quality Management Assessment for Unsupervised Time" dated 9/26/19 completed by the QP/Group Home Manager revealed:

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-Unsupervised time in the facility - no concerns affecting in facility being different from external time.
-Unsupervised time in community - 4 hours.
-There were no signatures on the assessment.

Review on 8/19/21 of an email dated 6/16/21 from Client #2's guardian revealed:
-She agreed with increasing the client's free time to 6 hours.

Review on 8/18/21 of Client #2's PCP dated 8/13/20 revealed:
-There were no goals or strategies addressing the client's ability to be without supervision while in and outside of the facility.

Interview on 8/18/21 with Client #2 revealed:
-She had 4 hours of unsupervised time in the facility and in the community.
-She did not use it all the time due to Covid-19, work and school.
-When she used her free time it was usually to ride her bike or take a walk.

Review on 8/18/21 of DC #3's record revealed:
-Admission date: 3/8/21.
-Deceased date 8/6/21.
-Diagnoses of Major Depressive d/o, recurrent episode, moderate; unspecified Anxiety d/o; Borderline intellectual functioning; Gastroesophageal Reflux Disease; Gastritis; Hypertension; Hiatal Hernia; Diabetes; Osteoarthritis; Hypercholesterolemia; Irritable Bowel Syndrome; Arteriosclerotic Cardiovascular Disease; Hypothyroidism; Sleep Apnea; Gastroparesis; Colon polyps and Hypogonadism.

Review on 8/18/21 of DC #3's most recent Clinical Assessment dated 2/2/21 revealed:

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-He had moderate judgement in his ability to make decisions.
-Supervised living, psychiatric services, group and individual therapy and psychosocial rehabilitation were recommended.
-There was no assessment to address the client's capability to be unsupervised while in the community.

Review on 8/18/21 of DC #3's PCP last updated 3/1/21 revealed:
-There were no goals or strategies addressing the client's ability to be without supervision when in the community.

Review on 8/18/21 of an incident report in the NC Incident Response Improvement System revealed:
-A level III incident for DC #3 dated 7/27/21.
-DC #3 had an accident while driving his moped in town.
-He was transported to a hospital where he later died on 8/6/21.

Interview on 8/20/21 with DC #3's guardian revealed:
-She remembered discussing with the QP/Group Home Manager about the client having unsupervised time and she remembered approving it.
-She did not remember if it was a verbal conversation for via email.
-She had no authority whether the client rode his moped or not.
-She felt it was a good thing as this allowed the client to have his independence.

Interview on 8/20/21 with DC #3's sister revealed:
-Based on her discussions with the detective and

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the physician's the client had a brain bleed and this was what caused the accident.
-She paid to have the client's moped fixed; He had it for a long time, this was what he always did and he looked forward to riding it.
-This was how he kept some independence and she was very supportive of this.
-She remembered talking with the QP/Group Home Manager and guardian about the client having unsupervised time and she was in agreement with this.

Interview on 8/19/21 with the QP/Group Home Manager revealed:
-He was a part of the team developing the PCP for clients along with the clinical care home team.
-He signed the PCP once the official copy was in the facility.
-DC #3 did not have an unsupervised time assessment and it was not in his PCP; "He [DC #3] did not have one-but he should have."
-DC #3 was local and knew areas around town better than he did.
-Usually he liked to have 30 days to evaluate the client, talk with staff and to the team before making the decision of allowing unsupervised time.
-The PCP can be created in their electronic record system now; this was a new system.
-He searched for unsupervised time in Client #1 and Client #2's PCP and did not find this.
-He was aware if a client was allowed unsupervised time, either in or outside of the facility, it needed to be in the client's PCP.
-He ensured staff was aware of client's with unsupervised time during staff meetings once a month and they were also to sign the Individual Specific Competencies for each client which addressed this.