

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-931</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTSIDE HOMES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4133 WHITE PINE DRIVE</b> <b>RALEIGH, NC 27612</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 2/2/22. Intake # (NC 00184244) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of three current clients.</p>	V 000		
V 111	<p><b>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure an assessment was completed for one of three audited clients (#6) prior to the delivery of services. The findings are:</p> <p>Review on 2/2/22 of client #6's record revealed: -Admission date of 9/2/21 -Diagnosis of Schizoaffective Disorder-Bipolar Type -No admission assessment present in the record</p> <p>Interview on 2/2/22 the Licensee stated: -The Qualified Professional (QP) completed the admission assessment on client #6 upon his admission. -Not sure why it is not in his record. -Not sure how long it has not been in his record.</p> <p>Interview on 2/2/22 the QP stated: -She had completed the admission assessment for client #6 when he was admitted. -Had taken it out of his record a while back to make a copy to send out a referral for a program. -Had it with her and will get it back into his record in the facility.</p>	V 111		

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V 112 V 112	<p>Continued From page 2</p> <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"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Treatment Plan was completed for one of three audited clients (#6) prior to the delivery of services. The findings are:</p>	V 112 V 112		

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V 112	<p>Continued From page 3</p> <p>Review on 2/2/22 of client #6's record revealed: -Admission date of 9/2/21 -Diagnosis of Schizoaffective Disorder-Bipolar Type -No Treatment Plan present in the record.</p> <p>Interview on 2/2/22 the Licensee stated: -The Qualified Professional (QP) completed the Treatment Plan for client #6. -Not sure why it is not in his record. -Not sure how long it has not been in his record.</p> <p>Interview on 2/2/22 the QP stated: -She had completed the Treatment Plan for client #6 after he was admitted. -Had taken it out of his record a while back to make a copy to send out a referral for a program. -Had it with her and will get it back into his record in the facility.</p>	V 112		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed.</p>	V 500		

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V 500	<p>Continued From page 4</p> <p>Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p>	V 500		

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V 500	<p>Continued From page 5</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based observation and interview, the facility failed to develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66 for six of six clients (#1, #2, #3, #4, #5, #6). The findings are:</p> <p>Observation on 2/2/22 at 9:30 AM, revealed the kitchen refrigerator had a cord with a padlock on it wrapped through the handles to prevent from opening without having the key.</p> <p>Interview on 2/2/22 staff #1 stated: -The refrigerator was always locked to keep clients from getting food out. -Some clients had been going into the refrigerator and drinking from the milk carton and this was unsafe with the germs they could spread. -Clients have to ask her for items and she will unlock it and get it for them.</p> <p>Interview on 2/2/22 the Licensee stated: -She was aware the refrigerator was kept locked. -Clients were using unsafe habits while getting items out of the refrigerator. -Not sure how often unsafe habits were being used by the clients. -The clients are to let the staff know if they need something.</p> <p>Interview on 2/2/22 the Qualified Professional stated: -Not aware the refrigerator was locked.</p>	V 500		

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V 500	Continued From page 6  -Had told all staff and Licensee's that she worked with, this was not acceptable. -If clients were having issues going into the refrigerator and causing problems, staff needed to be monitoring them more closely. -Will discuss with the Licensee and put measures in place to address these behaviors without having to lock the refrigerator.	V 500		
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 facility failed to the home was maintained in a safe, clean and attractive manner. The findings are:  Observation on 2/2/22 at 12:30 PM revealed: -Smoke detector chirping in the downstairs. -A fist size hole in client #5's bedroom wall beside his bed. -Kitchen floor in from of sink area was soft and uneven. -Sink in upstairs client bathroom was clogged. -Furniture in living area had areas of leather peeling off.  Interview on 2/2/22 staff #1 stated: -The kitchen floor was soft due to the dishwasher	V 736		

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V 736	<p>Continued From page 7</p> <p>had leaked and was removed. -Not noticed the smoke detector chirping.</p> <p>Interview on 2/2/22 the Licensee stated: -She had just put stuff in the sink to try to unclog it, was not sure what was going on with it. -Not aware of a hole in client #5's room. -Looking to replace the furniture in the living area.</p>	V 736		