

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/03/2021
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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 12/3/21. 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> <p>The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all</p>	V 107		

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

Rikki Corbin, OWNER

TITLE: _____ (X6) DATE: **1-02-2022**

DHSR Statement of Deficiencies Response

Diamond's House #1 228 Goff Street, Charlotte, NC 28208

Annual and follow up survey completion date: 12/3/2021

10A NCAC 27G .0202 (A-E) Personnel Requirements (V107) cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109):

Qualified Professional (QP) has conducted a review of all staff providing services to ensure that each staff person has a complete personnel record, and adheres to the appropriate personnel requirements per 10A NCAC 27G .0202 (A-E). QP shall continue to have the responsibility of ensuring that each staff person has a complete personnel record that is maintained. QP will conduct a review of staff personnel records on a quarterly basis in efforts of ensuring that personnel records are maintained for each staff person, and readily accessible and available for audits and compliance reviews. Owner will ensure that trainings are identified and implemented as required by the state rules and guidelines. Review has been completed and shall remain ongoing. **Complete date: December 26, 2021**

10A NCAC 27G .0202 (F-I) Personnel Requirements (V108) cross reference 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109):

QP has conducted a review of all staff providing services to ensure that each staff person has a personnel file that is maintained, and contains general organizational orientation, client rights, confidentiality, infectious diseases and bloodborne pathogens, meeting the mh/dd/sas needs of the clients, and current training in cardiopulmonary resuscitation (CPR). QP has made contact with a certified trainer from an approved agency for training. Training has been provided to staff. Training certifications have been filed in each staff's personnel record. QP to continue to ensure that staff trainings are current and personnel records reflect current training(s). Owner to ensure that trainings are appropriate and approved trainings and are available to staff as needed. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021 has identified a new trainer and new training is scheduled to complete on January 21, 2022**

10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112):

Licensee met with QP staff and conducted a meeting regarding the development and implementation of treatment plan strategies. PCP training was held with QP staff and consisted of the reviewing of clinical assessments, evaluations, and reports and meeting with member and legally responsible person, and any other identified supports and collaborating providers and agencies, to develop and implement plan. QP staff to ensure that each member's plan has goals, strategies, interventions, outcomes, and supports that address each individual member's diagnosis and treatment needs. QP to review member service records on a monthly basis to ensure

that plans have been developed and is being reviewed and updated as needed according to guidelines and treatment needs. QP will ensure accountability during monthly supervisions to ensure treatment plan is being implemented accordingly. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021**

Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118):

Owner and QP staff met and reviewed the agency's policy and procedure regarding Medication Requirements. Medication Administration training with contracted nurse practitioner was held with all staff, training consisted of a review of agency's policy and procedure regarding Medication Requirements, the completion of MARs, and reinforcement to staff on how to properly administer, document and follow up with any medication concerns, with pouring medication for members served. Program Administrator and QP will review on a weekly basis, member's medication documentation to ensure being implemented. Contracted nurse practitioner to conduct a quarterly review of member service records to include the review of MAR to ensure that member's MAR has been completed correctly, are current and the written order of a physician is being followed, and is present in member's record. Review has been completed and shall remain ongoing. **Completion Date: A nurse practitioner was identified and a new medication administer class is scheduled for January 12, 2022**

Cross Reference: G.S. 131E-256 (D2) HCPR- Prior Employment Registry:

Owner met with HR staff person to review the agency's New Hire processes, including the required time frames for completing Health Care Personnel Registry (HCPR) for new hires. HR staff person to conduct a review of all new hire staff records upon hire to ensure that HCPR has been conducted and documentation of findings are filed and maintained in staff's record. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021**

Cross Reference: G.S. 122 C-80 Criminal History Record Check:

Owner met with HR staff person to review the agency's New Hire processes, including the required time frame of within five days of making the conditional offer of employment, for completing criminal history record check, state and national, for all new hires. HR staff person to conduct a review of all new hire staff records upon hire to ensure that criminal history record check has been performed within five days of making the conditional offer of employment, and documentation of findings are filed and maintained in staff's record. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021**

Cross Reference: 10A NCAC 27G .5602 Staff (V290):

Owner held staff meeting with staff to address staffing issues and policy. Owner to ensure that a minimum of one staff member is present at all times when a member is on premises. If a member does not require supervision within the facility or within the community, QP will ensure that the appropriate documentation is in member's record, as well as member's plan is documented with member's capability

of remaining in the home or community without supervision. QP has the responsibility of reviewing and updating member's plan. Licensee will conduct a quarterly review of all member records to ensure compliance. If a member identifies a natural support and has a lot of involvement with a natural support, it will be specified in the member's plan and a documented schedule will be maintained in member's record, along with a daily sign in and out sheet will be designed at the facility site. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021**

Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536):

Owner has ensured that staff has received training in alternatives to restrictive interventions. Staff training record has been updated to reflect current training. HR staff person to conduct a quarterly review of staff personnel records to ensure the appropriate trainings have been identified completed, and that personnel record contains evidence of completed training. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021**

Cross Reference: 10A NCAC 27F .0105 Client's Personal Funds (V542):

QP met with clients and performed a detailed review of their financial records with them. Owner also met with staff and discussed the agency's policy on member financial records and funds. Owner has developed a monthly expenditure sheet for each member's record that logs all transactions affecting funds on deposit in personal fund account. QP will meet with each member on a monthly basis to discuss and review this log, as well as provide members with an accounting of their personal fund account. Facility has implemented a policy that any cash transaction will have a receipt book or receipt log that members will sign off on, to ensure accountability of all funding. Review has been completed and shall remain ongoing. **Completion Date: December 26, 2021**

10A NCAC 27G .0207 Emergency Plans and Supplies (V114):

QP met with staff and reviewed agency's policies and procedures regarding written fire plan, fire and disaster drills. Each staff was provided with written fire plan, as well as was informed of written file being housed within agency and available for review as needed. Mock fire and disaster drills were held with both staff and members for every shift. QP and Safety Committee will monitor and ensure fire and disaster drills are being held on a quarterly basis and repeated for each shift. Safety Committee will be responsible for ensuring that drill log is completed at the end of each drill for each shift. Agency's Safety Committee will review fire and disaster drill logs at least quarterly to ensure compliance with fire and disaster drill policy. QP shall also ensure that members are educated on fire and disaster drills and actively engage and participate in all fire and disaster drills. **Completion Date: December 26, 2021**

10A NCAC 27G .0303 (c) Facility and Grounds Maintenance (V736):

Owner has made contact with a professional contractor and repairs to windows have been identified and repaired. Safety Committee to continue to perform a monthly review of facility in efforts of identifying and ensuring that facility is being maintained in a safe, clean, attractive and orderly manner. Owner responsible for calling maintenance and ensuring that issues identified are corrected. Review has been completed and shall remain ongoing. **Completion Date: Owner have contacted a contractor and scheduled to change new windows by February 15, 2022**

Submitted By: Rikki Corber

Diamond's House #1 Owner

Date: 1-02-2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RECEIVED

By Mental Health Licensure & Cert. Section at 3:03 pm, Feb 04, 2022

December 29, 2021

Nikki Corbin
Diamond's Community Based Services, Inc.
5711 Kelyn Hills Drive
Charlotte, NC 28278

Re: Annual and Follow Up Survey completed 12/3/21
Diamond's House #1 228 Goff Street Charlotte, NC 28208
MHL # 060-1019
E-mail Address: nikkicorbin1970@gmail.com

Dear Ms. Corbin:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 12/3/21.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V107, V108, V112, V114, V118, V131, V133, V290, V536, V542 cross reference to V109)
- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violation and all cross referenced citations must be **corrected** within 23 days from the exit date of the survey, which is December 26, 2021 Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 29, 2021

Diamond House #1

Nikki Corbin

Diamond's Community Based Services, Inc. for each day the deficiency remains out of compliance.

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is January 2, 2022.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February 1, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,

Aja Waller

Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant