

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/23/2022
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 MARLIN DRIVE DURHAM, NC 27703
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on February 23, 2022. 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 3 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		

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

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V 107	<p>Continued From page 1</p> <p>applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (Staff #1) met the minimum level of education requirements. The findings are:</p> <p>Review on 2/23/22 of Staff #4's personnel file revealed: -Staff #4 had a hire date of 2005. -Staff #4 was hired as a Habilitation Technician. -There was no documentation Staff #4 met the minimum level of education required.</p> <p>Interview on 2/23/23 with the Owner revealed: -She was sure that Staff #4 had submitted documentation regarding his education. -She was sure that he had completed high</p>	V 107		

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V 107	Continued From page 2 school. -Proof of education for Staff #4 may had been wrongfully filed as files were recently purged. -She confirmed Staff #4 had no documentation that he met minimum level of education required. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	<p>Continued From page 3</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure: a)staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (Staff #5) and b) three of three audited staff (#4, #5, #6) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 2/23/22 of Staff #4's personnel record revealed: -Hire date of 2005. -Staff #4 was hired as a Habilitation Technician. -Staff #4 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 2/23/22 of Staff #5's personnel records revealed: -Hire date of 8/2/19. -Staff #5 was hired as a Habilitation Technician. -There was no documentation Staff #5 had training in Cardiopulmonary Resuscitation and First Aid. -Staff #5 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 2/23/22 of Staff #6's personnel record revealed: -Hire date of 2019.</p>	V 108		

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V 108	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff #6 was hired as a Habilitation Technician. -Staff #6 had no documentation of training to meet the mental health and developmental disability needs of the clients. <p>Interview on 2/23/22 with the Owner revealed:</p> <ul style="list-style-type: none"> -Personnel files had recently been purged and some of the information may had been misfiled. -She believed all staff had received training in Cardiopulmonary Resuscitation and First Aid. -She knew that all staff had received training on mental health, developmental disabilities, seizure disorder, diabetes. -She confirmed there was no documentation that staff #5 had training on Cardiopulmonary Resuscitation and First Aid. -She confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for staff #4, #5 and #6. 	V 108		
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 	V 112		

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V 112	<p>Continued From page 5</p> <p>annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 2/23/22 of Client #1's record revealed: -Admission date of 1/3/22. -Diagnoses of Schizoaffective Disorder; Hyperlipidemia; Headaches; Hemorrhoids; Gastroesophageal reflux disease; Allergic Rhinitis; Asthma. -Client #1 did not have a Person Centered Plan on record.</p> <p>Review on 2/23/22 of Client #3's record revealed: -Admission date of 7/2/19. -Diagnoses of Schizoaffective Disorder; Mild Intellectual Disability. -Client #2's Person Centered Plan had not current</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>written consent or agreement by the client or responsible party.</p> <p>Interview on 2/23/22 with the Owner revealed: -She relied on the client's day program to complete their Person Centered Plan. -Client's day program would include residential services goals in their plans. -Client #3's legal guardian lived out of town. -She confirmed that the Person Centered Plans for Clients #1 and #3 had no written consent or agreement by the client or responsible party.</p> <p>This deficiency constitutes a re-cited deficiency 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		

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V 114	<p>Continued From page 7</p> <p>Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 2/23/22 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> -2/14/22 3rd shift. -1/7/22- 1st shift. -7/28/21- 2nd shift. -7/10/21- 1st shift and 2nd shift marked as 11:50. Unknown if it was morning or evening. -6/30/21- 2nd shift. -6/23/21 unknown shift (blank). -There were no fire drills performed on the 1st, 2nd or 3rd shift for the first quarter of 2021. -There were no fire drills performed on the 1st or 3rd shift for the second quarter of 2021. -There were no fire drills performed on the 1st or 3rd shift for the third quarter of 2021. -There were no fire drills performed on the 1st, 2nd or 3rd shift for the fourth quarter of 2021. <p>Review on 2/23/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -1/8/22 2nd shift. -7/20/21- 2nd shift. -6/11/21- 1st shift. -There were no disaster drills performed on the 1st, 2nd or 3rd shift for the first quarter of 2021. -There were no disaster drills performed on the 2nd or 3rd shift for the second quarter of 2021. -There were no fire drills performed on the 1st or 3rd shift for the third quarter of 2021. -There were no fire drills performed on the 1st, 2nd or 3rd shift for the fourth quarter of 2021. <p>Interview on 2/23/22 with the Owner revealed:</p> <ul style="list-style-type: none"> -Home operated under three shifts. -She was unaware that some fire and disaster 	V 114		

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V 114	Continued From page 8 drills for the had not been done for all shifts. -She confirmed the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 9</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 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 record reviews and interview, the facility failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for one of three current clients (#1). The findings are:</p>	V 289		

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V 289	<p>Continued From page 10</p> <p>Review on 2/23/22 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 2/23/22 of Client #1's record revealed: -Admission date of 1/3/22. -Diagnoses of Schizoaffective Disorder; Hyperlipidemia; Headaches; Hemorrhoids; Gastroesophageal reflux disease; Allergic Rhinitis; Asthma. -No diagnosis of a developmental disability was observed on client #1's record.</p> <p>Interview on 2/23/22 with the Owner revealed: -She was aware that client #1 did not have a diagnosed developmental disability. -Client #1 and another client that was staying at sister facility had come in at the same time and the other client was supposed to come into surveyed house and client #1 to the other. -Applications may had been confused at the time of registration. -Client #1 was scheduled to be switched to sister facility with the other client. -She confirmed client #1 did not have a diagnosed developmental disability.</p>	V 289		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p>	V 536		

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V 536	<p>Continued From page 11</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive 	V 536		

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V 536	<p>Continued From page 12</p> <p>relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/23/2022
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2727 MARLIN DRIVE DURHAM, NC 27703
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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 536	<p>Continued From page 13</p> <p>measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (#4) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 2/23/22 of Staff #4's personnel file revealed::</p> <ul style="list-style-type: none"> -Staff #4 had a hire date of 2005. -Staff #4 was hired as a Habilitation Technician. -There was no updated documentation of training on alternatives to restrictive intervention. <p>Interview on 2/23/22 with the Owner revealed:</p> <ul style="list-style-type: none"> -The group home used "NCI plus" as the curriculum for training on alternatives to restrictive intervention. -She believed that staff #4 had completed the training and certificate may had been misfiled with recent file purge. -She confirmed staff #4 did not have updated documentation of training on alternatives to restrictive intervention. 	V 536		

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V 736 V 736	Continued From page 15 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 ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 2/23/22 at 1:25 PM of the shower in bathroom located inside client's bedroom revealed: -There was mold/mildew on grout between tiles on the shower floor. -Caulk between floor and wall tile inside the shower was stained and peeling off. Observation on 2/23/22 at 1:28 PM of Client #2's bedroom revealed: -Knobs from the top three drawers were missing or lose. Observation on 2/23/22 at 1:30 pm of Client #4's bedroom revealed: -Paint from the door was was dirty and peeling off. Observation on 2/23/22 at 1:33 pm of the main bathroom revealed: - Paint from the door was was dirty and peeling	V 736 V 736		

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V 736	<p>Continued From page 16</p> <p>off.</p> <p>Observation on 2/23/22 at 1:35 pm of the living area revealed: -Small wall next to the bathroom and with the thermostat had repaired patched up work that was unfinished and needed to be painted over.</p> <p>Interview on 2/23/22 with the Owner revealed: -Facility was responsible for doing maintenance to the home. -She would have maintenance staff do necessary repairs. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		