

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRAYER'S CONNECTION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>784 OLIVIA DRIVE GREENVILLE, NC 27834</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 24, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 539	<p><b>27F .0102 Client Rights - Living Environment</b></p> <p><b>10A NCAC 27F .0102 LIVING ENVIRONMENT</b></p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and</p> <p>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting one of two audited clients (#1). The findings are:</p>	V 539		

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

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V 539	<p>Continued From page 1</p> <p>Reviews on 1/07/22 and 2/24/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 7 year old male admitted 2/22/21.</li> <li>- Diagnoses included Intellectual/Developmental Disability, moderate; de Morsier Syndrome; Attention Deficit Hyperactivity Disorder; constipation; hearing loss; congenital nystagmus; obstructive sleep apnea; and oral aversion.</li> <li>- Risk/Support Needs Assessment dated 3/17/21 included ". . . does not require awake staff, however does require Pediacraft canopy bed to ensure that he doesn ' t wander during the night and injure himself or cause an accident that would result in injury to everyone else in the AFL."</li> <li>- No documentation of need for visual supervision/use of cameras for monitoring overnight.</li> <li>- "Short Range Goals/Interventions" dated 6/22/21 with no documentation of the use of a bedroom camera for visual supervision or overnight monitoring.</li> </ul> <p>Observation on 2/24/22 at approximately 12:15 pm of client #1's bedroom revealed a security camera adhered to the wall, pointed toward client #1's bed.</p> <p>During interview on 2/24/22 the AFL Provider/Licensee stated she installed the camera so she could monitor client #1 from her bedroom during the night. She installed the camera to ensure client #1's safety. The Qualified Professional (QP) was not aware the camera had been installed. If the camera was an issue, she would remove it.</p> <p>During interview on 2/24/22 the QP stated she was not aware of the camera in client #1's bedroom but she understood why the AFL Provider/Licensee installed the camera. She</p>	V 539		

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V 539	Continued From page 2  would speak with the AFL Provider/Licensee, the management company's Human Rights Committee and client #1's guardian regarding the use of the camera.	V 539		