

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-498</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE#1, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3116 CEDARWOOD DRIVE DURHAM, NC 27707</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>A complaint and follow up survey was completed on 3/16/22. The complaint was substantiated (intake #NC00186318). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct disaster drills under conditions that simulate emergencies. The findings are:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>Review on 3/16/22 of the facility's disaster drill log revealed: -There was no documentation of disaster drills completed by staff.</p> <p>Interview on 3/15/22 with client #1 revealed: -Staff did disaster drills with them. -She was not sure how often staff conducted those drills with them.</p> <p>Interview on 3/15//22 with client #3 revealed: -Staff did disaster drills with them occasionally. -She was not sure how often staff conducted those drills with them.</p> <p>Interview on 3/16/22 with the Program Coordinator revealed: -Group home staff worked two shifts at the group home. -She thought staff did some disaster drills and did not document them. -She confirmed staff failed to conduct disaster drills under conditions that simulate emergencies.</p> <p>Interview on 3/16/22 with the Director confirmed: -Staff failed to conduct disaster drills under conditions that simulate emergencies.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure allegations of abuse were reported to the North Carolina Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation within five working days affecting one of four clients (client #4). The findings are:</p> <p>Review on 3/15/22 of client #4's record revealed: -Admission date of 12/27/19. -Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Coronary Artery Disease, Type II Diabetes, Nonrheumatic Aortic Valve Insufficiency and Ascending Aortic Aneurysm.</p> <p>Review on 3/16/22 of the facility's personnel files revealed: -Staff #1 had a hire date of 6/5/19. -Staff #1 was hired as a Habilitation Technician.</p> <p>Review of facility records on 3/15/22 revealed: An internal agency investigation dated 3/11/22 had the following: On 3/7/22 the Director received a call from a citizen stating she witnessed an incident with staff #1 and client #4 while shopping at a neighborhood store. The citizen alleged staff #1 was being verbally aggressive towards client #4. The citizen also stated staff #1 was upset because client #4 would not buy her a phone charger.</p> <p>Review of facility records on 3/15/22 revealed: -There was no documentation the facility reported the above allegation of abuse to North Carolina HCPR.</p> <p>Interviews on 3/15/22 and 3/16/22 with the</p>	V 132		

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V 132	Continued From page 4  Director revealed: -A lady called her last week about an incident she witnessed at a local store. -The lady said she overhead staff #1 being verbally abusive towards client #4 at the local store. -She did an internal investigation about the alleged incident. -Client #4 said staff #1 was never verbally abusive towards her. -Client #4 also said the lady at the local store was all in their business. -Staff #1 also denied talking to client #4 in an abusive manner. -She also spoke with the Manager at the local store. -The Manager from the local store knew those clients because they shop at that store frequently. -The Manager told her she never witnessed any type of incident with staff #1 and client #4. -She didn't realize she was supposed to report this incident to HCPR. -They concluded there was no verbal abuse by staff #1 and thought it was not necessary to contact HCPR. -She confirmed the agency had not reported the alleged incident of abuse to North Carolina HCPR within five working days.	V 132		
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	V 289		

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V 289	<p>Continued From page 5</p> <p>supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</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</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>.0201 (a)(1),(2),(3),(4),(5)(A)&amp;(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 record reviews and interview the facility failed to operate within the scope of the program affecting four of four audited clients (#1, #2, #3 and #4). The findings are:</p> <p>Review on 3/15/22 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 Developmental Disability but may also have other diagnoses. The group homes license capacity was for 6 clients.</p> <p>a. Review on 3/15/22 of client #1's record revealed: -Admission date of 4/16/14. -Diagnoses of Schizophrenia-Paranoid Type, Osteopenia, Chronic Obstructive Pulmonary Disease and Tobacco Use Disorder. -Client #1 had no documentation that indicated a diagnosis of a developmental disability.</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>b. Review on 3/15/22 of client #2's record revealed: -Admission date of 9/11/18. -Diagnoses of Schizoaffective Disorder, Attention Deficit Disorder, Graves Disease, Cocaine Use Disorder, Tobacco Use Disorder, Neutropenia, Anemia and Hepatitis B. -Client #2 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>c. Review on 3/15/22 of client #3's record revealed: -Admission date of 7/29/19. -Diagnoses of Schizophrenia, Hypertension, Hyperlipidemia, Morbid Obesity, Vitamin D Deficiency and Normocytic Anemia. -Client #3 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>d. Review on 3/15/22 of client #4's record revealed: -Admission date of 12/27/19. -Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Coronary Artery Disease, Type II Diabetes, Nonrheumatic Aortic Valve Insufficiency and Ascending Aortic Aneurysm. -Client #4 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>Interview 3/15/22 with the Director revealed: -Client's #1 and #4 had an assessment done a few years ago and the Psychiatrist determined they had a cognitive delay. -They could not get the paperwork to support those clients had a developmental disability. She was not sure why they would not give them any of the paperwork. -She knew client #2 had no diagnosis of a developmental disability. She had been talking</p>	V 289		



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V 289	Continued From page 8  with the Managed Care Organization (MCO) for months about client #2 being discharged from her home. The MCO wanted her to keep client #2 until they find suitable placement for her. -She thought there was documentation of a developmental disability diagnosis for client #3. -She confirmed the facility failed to operate within the scope of the program.  This deficiency has been cited 6 time(s) since the original cite on 2/8/19 and must be corrected within 30 days.	V 289		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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V 367	<p>Continued From page 9</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/15/22 of client #4's record revealed: -Admission date of 12/27/19. -Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Coronary Artery Disease, Type II Diabetes, Nonrheumatic Aortic Valve Insufficiency and Ascending Aortic Aneurysm.</p> <p>Review on 3/16/22 of the facility's personnel files revealed:</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>-Staff #1 had a hire date of 6/5/19. -Staff #1 was hired as a Habilitation Technician.</p> <p>Review of facility records on 3/15/22 revealed: An internal agency investigation dated 3/11/22 had the following: On 3/7/22 the Director received a call from a citizen stating she witnessed an incident with staff #1 and client #4 while shopping at a neighborhood store. The citizen alleged staff #1 was being verbally aggressive towards client #4. The citizen also stated staff #1 was upset because client #4 would not buy her a phone charger.</p> <p>Review of facility records on 3/15/22 revealed: -There was no documentation a incident report in the Incident Response Improvement System (IRIS) for the above incident.</p> <p>Interviews on 3/15/22 and 3/16/22 with the Director revealed: -A lady called her last week about an incident she witnessed at a local store. -The lady said she overhead staff #1 being verbally abusive towards client #4 at the local store. -She did an internal investigation about the alleged incident. -Client #4 said staff #1 was never verbally abusive towards her. -Client #4 also said the lady at the local store was all in their business. -Staff #1 also denied talking to client #4 in an abusive manner. -She also spoke with the Manager at the local store. -The Manager from the local store knew those clients because they shop at that store frequently. -The Manager told her she never witnessed any type of incident with staff #1 and client #4.</p>	V 367		

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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE#1, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3116 CEDARWOOD DRIVE DURHAM, NC 27707</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 367	Continued From page 12  -She didn't realize she was supposed to do the incident report in IRIS. -They concluded there was no verbal abuse by staff #1 and thought it was not necessary to put the incident into IRIS. -She confirmed the facility failed to ensure a Level III incident report was submitted to the Local Management Entity (LME) within 72 hours as required.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights  10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (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. (b) The governing body shall develop and implement policy to assure that: (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 (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. Particular attention shall be given to the use of neuroleptic medications. (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: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.	V 500		

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V 500	<p>Continued From page 13</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> <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 on record review and interviews, the governing body failed to report an allegation of abuse to Department of Social Services (DSS) affecting one of four clients (#4). The findings</p>	V 500		

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V 500	<p>Continued From page 14</p> <p>are:</p> <p>Review on 3/15/22 of client #4's record revealed: -Admission date of 12/27/19. -Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Coronary Artery Disease, Type II Diabetes, Nonrheumatic Aortic Valve Insufficiency and Ascending Aortic Aneurysm.</p> <p>Review on 3/16/22 of the facility's personnel files revealed: -Staff #1 had a hire date of 6/5/19. -Staff #1 was hired as a Habilitation Technician.</p> <p>Review of facility records on 3/15/22 revealed: An internal agency investigation dated 3/11/22 had the following: On 3/7/22 the Director received a call from a citizen stating she witnessed an incident with staff #1 and client #4 while shopping at a neighborhood store. The citizen alleged staff #1 was being verbally aggressive towards client #4. The citizen also stated staff #1 was upset because client #4 would not buy her a phone charger.</p> <p>Review of facility records on 3/15/22 revealed: -There was no documentation that the facility reported the above allegation of abuse to DSS.</p> <p>Interviews on 3/15/22 and 3/16/22 with the Director revealed: -A lady called her last week about an incident she witnessed at a local store. -The lady said she overheard staff #1 being verbally abusive towards client #4 at the local store. -She did an internal investigation about the alleged incident. -Client #4 said staff #1 was never verbally abusive towards her.</p>	V 500		

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V 500	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>-Client #4 also said the lady at the local store was all in their business.</li> <li>-Staff #1 also denied talking to client #4 in an abusive manner.</li> <li>-She also spoke with the Manager at the local store.</li> <li>-The Manager from the local store knew those clients because they shop at that store frequently.</li> <li>-The Manager told her she never witnessed any type of incident with staff #1 and client #4.</li> <li>-She didn't realize she was supposed to report this incident to DSS.</li> <li>-They concluded there was no verbal abuse by staff #1 and thought it was not necessary to contact DSS.</li> <li>-She confirmed the agency failed to report the allegation of abuse to DSS.</li> </ul>	V 500		