Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-862	A. BUILDING: _____ B. WING _____	R 02/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAVENLY PLACE 2	3120 TUCKLAND DRIVE RALEIGH, NC 27610

(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	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 2/28/22. The complaint was substantiated Intake #NC00183710. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness The survey sample consisted of 2 current clients and 1 former clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek	V 113		

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emergency care from a hospital or physician;
(7) documentation of services provided;
(8) documentation of progress toward outcomes;
(9) if applicable:
(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);
(B) medication orders;
(C) orders and copies of lab tests; and
(D) documentation of medication and administration errors and adverse drug reactions.
(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to have documentation of progress toward outcomes for 2 of 3 audited clients (#1 & #2) an 1 of 1 deceased client (DC#4). The findings are:

A. Review on 2/22/22 of client #1's record revealed:
- admitted 12/8/12
- diagnoses of: Schizoaffective Disorder, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder; Personality Disorder & Obesity
- treatment plan dated 9/14/21 with the following goal: "will increase her organization skills as evidence by reduced clutter in her room"
- no documentation of progress toward

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V 113	Continued From page 2	V 113		

outcomes

Observation & interview on 2/22/22 between 11:27am - 11:49am of the facility's tour revealed:
- client #1's bedroom had piles of clothes on the floor, on the bed and the closet floor. Client #1 apologized: "I'm sorry" I lost my grandmother 2 years ago and this is her anniversary date. I want to give some of these clothes away. She held up 2 shirts and said she wanted to give them away.

B. Review on 2/24/22 of client #2's record revealed:
- admitted 8/25/21
- diagnoses of : Schizophrenia, Hyperlipidemia, Anemia, Hypertension & Type 2 Diabetes
- a treatment plan dated 8/25/21 with the following goals: "abide by all group home rules, increase social interaction with others & complete daily living skills
- no documentation of progress toward outcomes

C. Review on 2/22/22 of Former client #4's record revealed:
- admitted 8/6/21 & discharged 1/12/22
- diagnoses of: Cervical Cancer, Acute Kidney injury, Acute Cystitis without Hematuria, Hypotension, Schizophrenia & Type 2 Diabetes
- a treatment plan dated 8/30/21 with the following goals: take all prescribed medications, increase group home compliance & utilize coping skills
- no documentation of progress toward outcomes

During interview on 2/24/22 the QP (Qualified Professional) reported:
- started at the facility 1/12/22
- staff did not complete any progress notes

2/25/
all client's room was reviewed and clutter was removed.
QP will checked rooms monthly
Home manager will assest the consumers with maintaining their room on a daily basis.
QP will check rooms monthly and note monthly 3/1/22

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V 113	Continued From page 3 - planned to have staff complete daily progress notes - he will complete monthly progress notes During interview on 2/28/22 the Licensee reported: - the QP completed monthly progress notes - the prior QP's monthly progress notes should have been in the clients' records	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were completed quarterly and repeated for each shift and simulated an emergency. The findings are: Review on 2/22/22 of the disaster drill log revealed:	V 114	QP asked all clients to go 2/28/22 to hallway and bend down for safety Each shift has completed drilled Quarterly	

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V 114	Continued From page 4 - no documentation of disaster drills During interview on 2/24/22 client #1 reported: - staff talked with them about tornado drills - was told by staff to bend down in the hallway during a tornado drill - "I'm not a spring chicken" it would cause her back to hurt - if there was a "real" tornado, would bend down in the hallway and cover her head During interview on 2/24/22 staff #1 reported: - started February 2022 - completed a tornado drill - clients told her they stood in the hallway a few minutes for tornado drills - she allowed the clients to stand in the hallway during the practice drill During interview on 2/28/22 the Licensee reported: - will ensure disaster drills are completed & simulated	V 114		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal	V 119		

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date and method, the signature of the person disposing of medication, and the person witnessing destruction.
(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.
(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to disposed 1 of 1 former client (FC)#4's medications that guards against diversion or accidental ingestion. The findings are:

Review on 2/28/22 of the facility's policy revealed: "...Non-controlled substances shall be disposed of by incineration, flushing into a septic or sewer system, or by transfer to a local pharmacy for destruction...upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly give medication to guardian...the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge..."

Review on 2/22/22 of Former client #4's record revealed:
- admitted 8/6/21 & discharged 1/12/22

all medications was return to pharmacy 2/24
QP will follow up monthly
Discharged Client's medications will be return within 30 days

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V 119	Continued From page 6 - diagnoses of: Cervical Cancer, Acute Kidney injury, Acute Cystitis without Hematuria, Hypotension, Schizophrenia & Type 2 Diabetes Observation on 2/22/22 between 11:27am - 11:49am revealed: - FC#4's bedroom door was unlocked - a white bag that consisted of the following medications: Lisinopril 2.5mg (milligrams) (high blood pressure) Gabapentin 300mg BID (seizures) Calcitriol .28mg (low calcium) Metformin 1,000mg twice a day (diabetes) - a brown bag that consisted of FC#4's medications in the medication closet During interview on 2/28/22 the Licensee reported: - FC#4 was discharged prior to her death - the family informed her she passed away the end of January 2022 - had reached out to the family several times to pick up FC#4's belongings - the family "maybe still going through the grief process" - the medications were locked in the medication cabinet - FC #4 had paid for the medications therefore she planned to give them to the guardian - medications will be returned to the pharmacy	V 119		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean,	V 120		

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V 120	Continued From page 7 well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were securely locked in a cabinet for 1 of 1 former client (FC#4). The findings are: Review on 2/22/22 of Former client #4's record revealed: - admitted 8/6/21 & discharged 1/12/22 - diagnoses of: Cervical Cancer, Acute Kidney injury, Acute Cystitis without Hematuria, Hypotension, Schizophrenia & Type 2 Diabetes Observation on 2/22/22 between 11:27am - 11:49am Former Client (FC) #4's bedroom revealed: - the bedroom door was unlocked - a white bag that consisted of the following medications:	V 120	all medications was secured and locked up on the spot. QP will looked monthly on rooms to make sure all medications is locked up. 2/22/	

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Lisinopril 2.5mg (milligrams) (high blood pressure)
Gabapentin 300mg BID (seizures)
Calcitriol .28mg (low calcium)
Metformin 1,000mg twice a day (diabetes)

During interview on 2/24/22 clients #1 & #2 reported:
- they had not been in FC#4's bedroom since her discharge from the facility

During interview on 2/24/22 client #3 reported:
- FC#4 had received some mail and she placed it in her bedroom
- could not recall what day/month she placed the mail in FC#4's bedroom
- there were no medications in the bedroom

During 2/22/22 staff #1 reported:
- prior to the arrival of the surveyor today (2/22/22), she placed the white bag of medications in FC#4's bedroom
- wanted to have all FC#4's belongings together whenever the family picked up her belongings

During interview on 2/24/22 the Qualified Professional reported:
- started January 12, 2022
- FC#4 was discharged prior to his arrival and was informed after her discharged she passed away
- all of FC#4's medications was locked in the medication closet
- he had reached out to the family to pick up FC#4's belongings and received no response
- he was not sure why staff #1 placed some of the medications in FC#4's bedroom

During interview on 2/28/22 the Licensee

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V 120	Continued From page 9 reported: - FC#4 was discharged prior to her death - had reached out to the family several times to pick up FC#4's belongings - the family "maybe still going through the grief process" - the medications were locked in the medication cabinet - she was not sure why staff #1 had placed the medications in FC#4's bedroom	V 120		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or	V 290		

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(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.
(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:
(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and
(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure the clients' treatment plans specified periods of time they could remain in the facility or the community without staff supervision for 2 of 3 audited clients (#1 & #2). The findings are:

Review on 2/22/22 of client #1's record revealed:
- admitted 12/8/12
- diagnoses of: Schizoaffective Disorder, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder; Personality Disorder & Obesity
- a treatment plan dated 9/14/21 - "...will increase her independent living skills for the next 12 months by having/maintaining her 12 hours of unsupervised time"

client 1 and 2 PCP was reviewed and added for unsupervised time
@ PW will reviewed PCP monthly make goals on PCP is in compliance.
3/1/22

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V 290	Continued From page 11	V 290		

Review on 2/24/22 of client #2's record revealed:
- admitted 8/25/21
- diagnoses of : Schizophrenia, Hyperlipidemia. Anemia, Hypertension, Type 2 Diabetes
- a treatment plan dated 8/25/21 with no documentation of unsupervised time in the community or facility

Observation on 2/22/22 between 10:32am & 10:42am revealed the following:
- arrived to the facility at 10:32am
- knocked several times and there was no answer
- at 10:42am a woman got out of a car and walked into the facility
- upon entry into the facility, client #1 & #2 were present

During interview on 2/22/22 client #2 reported:
- staff #1 was not gone long on 2/22/22
- did not specify how long when asked time frame of (30 minutes, one hour)
- she liked for staff to be in the facility with her
- this was staff #1's first time leaving them unsupervised in the facility
- had unsupervised time in the community
- went for walks 30 minutes a day in the community

During interview on 2/22/22 & 2/24/22 staff #1 reported:
- she had to run personal errands on 2/22/22
- client #1 & #2 had unsupervised time in the community and facility
- client #1 called her on 2/22/22 and made her aware surveyor was at the facility
- was gone less than 30 minutes
- Qualified Professional (QP) said all the clients had unsupervised time

2/23/22

Staff was remove from the home.
staff was retrained on population service.
QP will follow up monthly for population service, MH' IDD, and SH.

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V 290	Continued From page 12 - the QP did not make her aware clients could not be left in the facility unsupervised During interview on 2/22/22 & 2/24/22 the QP reported: - upon hire he informed staff #1 clients could not be left unattended in the facility - client #1's unsupervised time was for in the community - client #2 had unsupervised time in the community but was unable to find it in her treatment plan - on 2/24/22, staff #1 was no longer employed with the facility During interview on 2/28/22 the Licensee reported: - did not have the clients' records in front of her to specify who had unsupervised time - encouraged staff to remain in the facility for safety reasons - staff #1 did not follow protocol and call her or the QP prior to leaving the facility - she was removed from the schedule until she (Licensee) could investigate why she left the clients unsupervised	V 290		