

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/28/2022
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NAME OF PROVIDER OR SUPPLIER RAWLS ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 190 RAWLS ROAD ANGIER, NC 27501
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 2/28/22. The complaint was substantiated (intake #NC00185322). A deficiency was 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 2 current clients.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p>	V 291		

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

Michael Blue

TITLE

Administrator

(X6) DATE

4/4/22



Division of Health Service Regulation

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services for one of two audited clients (#3). The findings are:</p> <p>Review on 2/16/22 of client #3's record revealed: - Admission: 8/20/18 - Diagnoses: Intellectual Development Disability, Adjustment Disorder, Diabetes, and Hypertension</p> <p>Review on 2/16/22 of the local hospital's discharge summary for client #3 dated 2/3/22 revealed: - "Follow up with psychologist visit after today's discharge, schedule therapy for [client #3] 7 days after discharge."</p> <p>Review on 2/16/22 of a progress note for client #3 dated 2/2/22 revealed: - "Call was made to psychiatric family nurse practitioner in reference to [client #3's] stay at the local hospital. Informed her that [client#3] will be discharged on tomorrow, 2/3/22 and that follow up appointment will be scheduled for 7 days after tomorrow's discharge."</p> <p>Interview on 2/16/22 the Home Manager stated: -Client #3 had no scheduled therapy appointments or any other doctor appointment -There were no appointments on the calendar for the month of February for client #3</p> <p>Interview on 2/23/22 the Behavioral Specialist</p>	V 291		
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V 291	<p>Continued From page 2</p> <p>stated:</p> <ul style="list-style-type: none"> -Client #3 had not had a follow up appointment -He was aware of the discharge recommendations -The nurse was responsible for scheduling the therapy and psychologist appointments -Had worked with the local management entity (LME) to switch psychologist to the company psychologist, waiting for the switch to make an appointment -The LME had been the hold up with the switching of doctors, "we need authorization before we can proceed." -There had been some miscommunication with the staff and the LME, with the scheduling of client #3's appointments <p>Interview on 2/23/22 the Registered Nurse stated:</p> <ul style="list-style-type: none"> -She was aware of the discharge recommendations -Her assistant would schedule the therapy and psychologist appointments -Client #3 was scheduled for therapy appointments, unsure of when the appointments were -There had been meetings about the switch of the doctors, still waiting on authorization from the LME <p>Interview on 2/24/22 the LME Care Coordinator stated:</p> <ul style="list-style-type: none"> -Was unaware of the discharge recommendations and follow up appointments -Client #3 could have continued to see her current psychologist until the authorization approval process was completed <p>Interview on 2/23/22 the Qualified Professional (QP)/Administrator stated:</p> <ul style="list-style-type: none"> -She was filling in as the QP until she hired 	V 291		

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V 291	Continued From page 3 someone for the position -She was aware of the follow up recommendations dated 2/3/22 -She was apart of the team meetings to discuss the change of the psychologist -Client #3's appointment was scheduled for March 2, 2022 at 8:30am, which was the first available appointment -Unsure of when the appointment was scheduled	V 291		

Plan of Correction for Rawls Rd Group Home

For

Complaint Survey Completed 2/28/2022

V291- 27G .5603 Supervised Living- Operations

The team scheduled a Comprehensive Clinical Assessment with RHA Behavioral Services in early March to determine what clinical needs Client #3 has and what services are available to her.

The team will work with the her support team members including but not limited to her Care Coordinator, local physicians, therapists, her family, and her staff to ensure supports are personalized and responsive to Client #3's changing needs. The team will continue to maintain documentation of efforts to procure additional services and supports as needed for Client #3.

The team will ensure continuity of care by meeting at least monthly or as needed to address issues that may arise and improve care for Client #3 and all people supported at the Angier location. These meetings will be documented in her medical record and reviewed by the QP at least monthly.

The QP will assure coordination of services is in place for Client #3 and all people supported at the Angier location.

Target Date: 4/29/2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

3/28/22

Nesheil Blue, Administrator
RHA Health Services NC, LLC
501-C South Wall Street
Benson, NC 27504

Re: Complaint Survey completed 2/28/22
Rawls Road Group Home, 190 Rawls Road, Angier, NC 27501
MHL # 043-014
E-mail Address: Nesheil.wilson@rhanet.org
Intake # NC00185322

Dear Ms. Blue:

Thank you for the cooperation and courtesy extended during the complaint survey completed 2/28/22. The complaint was substantiated.

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

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is 4/29/22.

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.

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/dhser • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

3/28/22

Rawls Road Group Home
RHA Health Services NC, LLC

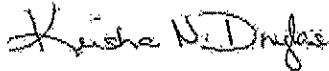
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

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 Renee Kowalski at 919-552-6847.

Sincerely,



Keisha N. Douglas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant