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

March 8, 2022

Ms. Tonya Johnson, Director
Miss Daisy's & Associates, Inc.
P O Box 1991
Wilson, NC 27894

Re: Annual and Follow Up Survey completed February 25, 2022
Miss Daisy's Homesite 1307 Grove Street, Wilson, NC, 27893
MHL # 098-163
E-mail Address: missdaisys@nc.rr.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed February 25, 2022.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be ***corrected*** within 30 days from the exit of the survey, which is March 27, 2022.

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.

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.

3/8/22
Miss Daisy's Homesite
Ms. Tonya Johnson

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 Ms. Gloria Locklear, Team Leader at (910) 214-0350.

Sincerely,

Latisha Grant

Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

PRINTED: 03/04/2022
FORM APPROVED

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
	MHL098-163	A. BUILDING: ______ B. WING ______	R 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISS DAISY'S HOMESITE	1307 GROVE STREET WILSON, NC 27893

(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 and follow up survey was completed on February 25, 2022. A deficiency was cited. The facility is licensed for the follow service category: 10 NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	V 000	Miss Daisy's & Associates Inc. will ensure that all staff are trained on sleep apnea, CPAP, CPAP cleaning & sanitizing machine.	3/26/2022
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	V 108		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonya F. Johnson TITLE: Op (X6) DATE: 3/18/22

Division of Health Service Regulation

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	MHL098-163	A. BUILDING: ______ B. WING ______	R 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISS DAISY'S HOMESITE	1307 GROVE STREET WILSON, NC 27893

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V 108	Continued From page 1 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to provide training to meet the needs of the clients for 2 of 2 direct care staff audited (Staff #2, Staff #3). The findings are: Review on 2/25/22 of client #3's record revealed: -52 year old female -Admission date 12/23/03 -Diagnoses included mild intellectual disabilities, unspecified mood disorder, unspecified psychological condition, unspecified psychosis, cerebral palsy, seizure disorder, hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), history of head injury as a child. -Continuous positive airway pressure (CPAP) machine used at night due to sleep apnea in treatment plan dated 9/1/21. Review on 2/25/22 of staff #3's personnel file revealed: -Hire date, 5/7/97. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine. Review on 2/25/22 of staff #2's personnel file revealed: -Hire date, 2/25/02. -No documentation of training on sleep apnea,	V 108	To prevent the problem from occurring again, the QP will monitor and ensure that CPAP training is included in the annual training. The monitoring will occur quarterly during employee record reviews.	3/26/2022

Division of Health Service Regulation

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V 108	Continued From page 2 CPAP, or the CPAP cleaner and sanitizer machine. Interview on 2/25/22 the Assistant Director stated: -Staff had been trained on the use of sleep apnea the CPAP, CPAP cleaner and sanitizer machine. -A copy of the training had not been placed in the staff personnel files. -He could not locate the documentation of the training for sleep apnea, the CPAP, CPAP cleaner and sanitizer machine. -There had been no adverse incidents with the use of the CPAP machine with client #3. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108	Miss Daisy's & Associates Inc. will ensure that all staff are trained on sleep apnea, CPAP, CPAP cleaning & sanitizing machine.	3/24/2022

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL098-163 Y1	A. Building B. Wing Y2	2/25/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MISS DAISY'S HOMESITE	1307 GROVE STREET WILSON, NC 27893

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0105 Reg. # 27G .0201 (A) (1-7) LSC	Correction Completed 02/25/2022	ID Prefix V0118 Reg. # 27G .0209 (C) LSC	Correction Completed 02/25/2022	ID Prefix V0291 Reg. # 27G .5603 LSC	Correction Completed 02/25/2022
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Latisha Grant	2/25/22
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/19/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			