

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2022
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NAME OF PROVIDER OR SUPPLIER UNIQUE SOULS	STREET ADDRESS, CITY, STATE, ZIP CODE 104 THE BOULEVARD EDEN, NC 27288
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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>INITIAL COMMENTS</p> <p>A complaint survey was completed on 5/5/22. The complaint was unsubstantiated (intake #NC00187312). 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>This facility is licensed for 4 beds and currently has a census of 3. The survey sample consisted of an audit of 1 discharged client.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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 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>	V 289		

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

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V 289	<p>Continued From page 1</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 .0201 (a)(1),(2),(3),(4),(5)(A)&(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 on observation, record review and</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>interview, the facility failed to operate under the scope for which it is licensed affecting 1 of 1 discharged clients (DC #1). The findings are:</p> <p>Based on observation, record review and interview, the facility failed to operate under the scope for which it is licensed affecting 1 of 1 discharged client (DC #1). The findings are:</p> <p>Review on 3/25/22 of the Division of Health Service Regulation facility's license revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities - The facility was not licensed to provide services under any other service category <p>Review on 3/25/22 and on 3/28/22 of DC #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 1/12/22 - Diagnoses of Intellectual Disability Disorder, Severe; Mitochondrial Metabolism D/O, Unspecified; Other disorders of intestinal carbohydrate; Unspecified Atrioventricular Block and Presence of Cardiac Pacemaker - An update to an Individual Support Plan (ISP) dated 1/7/22 and completed by DC #1's Care Coordinator with a Managed Care Organization reflected DC #1's current provider was ending services effective 1/7/22 - DC #1 needed a new provider to provide "...facility respite services to ensure all of his needs will continue to be met during guardian medical recovery..." - The updated ISP was to go into effect on 1/12/22 ..." <p>Interview on 3/25/22 with the Owner of the facility revealed:</p>	V 289		

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V 289	<p>Continued From page 3</p> <ul style="list-style-type: none"> - DC #1 was admitted to the facility to receive respite services only with plans for DC #1 to be returned to the care of his mother was fully recovered - She did not realize she required a specific license to provide respite services - She did not plan to continue to offer respite services so she would not be applying for this specific license <p>Interview on 5/5/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Confirmation of what the owner of the facility had reported - She also did not realize the facility needed a specific license to provide respite services 	V 289		