

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-899	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2022
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NAME OF PROVIDER OR SUPPLIER HARRISON HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 FERNBROOK ROAD RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/20/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 clients and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 1 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		<p style="font-size: 1.5em;">SEE CORRECTION PLAN ON NEXT PAGE!</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Nchenna Emjinnaya

ADMINISTRATOR

5/26/22

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure treatment plans were developed and implemented for 3 of 3 audited clients (#2, #4, #6). The findings are:</p> <p>Review on 5/19/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/29/20 - diagnoses of Schizophrenia, Glaucoma, Hyperlipidemia & Hypercholestermia - no current treatment plan <p>Review on 5/19/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 10/30/14 - Schizoaffective, Schizoaffective Disorder, Hyperlipidemia & Hypertension - last treatment plan dated 11/14/20 <p>Review on 5/19/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/1/14 - diagnoses of Schizoaffective Disorder, Depression, Ovarian Syndrome & Hyperlipidemia - last treatment plan dated 11/14/20 <p>During interview on 5/19/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - the day program had not sent the current treatment plans - she would reach back out to the day program today <p>During interview on 5/19/22 the Licensee reported:</p>	V 112	<p>QUALIFIED PROFESSIONAL (QP) WILL ENSURE THAT EACH CLIENT WILL HAVE TREATMENT PLAN DEVELOPED AND IMPLEMENTED. REVIEW OF TREATMENT PLAN WILL OCCUR EVERY 3 MONTHS AND DOCUMENTED IN PLAN BY QP TO ENSURE COMPLIANCE. ALL TREATMENT PLANS WILL BE PRESENT IN ALL CLIENT'S CHART.</p>	5/19/22

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V 112	Continued From page 2 - the QP usually allowed the day program to complete the treatment plans - he would have the QP complete the treatment plans in the future	V 112	<p>PSYCHOTROPIC DRUG REGIMEN OF EACH CLIENT WILL BE REVIEWED EVERY 6 MONTHS BY CLIENTS PHARMACY. QP WILL ENSURE COMPLIANCE BY MONTHLY REVIEW FOR 6 MONTHS. THEREAFTER, QP WILL REVIEW EVERY 6 MONTHS FOR COMPLIANCE AND DOCUMENTATION ON QP GUIDELINES REVIEW SHEET.</p>	7/19/22
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure psychotropic drug regimens were completed for 3 of 3 audited clients (#2, #4 & #6). The findings are:</p> <p>Review on 5/19/22 of client #2's record revealed: - admitted 7/29/20 - diagnoses of Schizophrenia, Glaucoma, Hyperlipidemia & Hypercholesterolemia - last drug regimen completed 7/8/21</p> <p>Review on 5/19/22 of client #4's record revealed:</p>	V 121		

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V 121	<p>Continued From page 3</p> <ul style="list-style-type: none"> - admitted 10/30/14 - Schizoaffective, Schizoaffective Disorder, Hyperlipidemia & Hypertension - last drug regimen completed 7/8/21 <p>Review on 5/19/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/1/14 - diagnoses of Schizoaffective Disorder, Depression, Ovarian Syndrome & Hyperlipidemia - last drug regimen completed 7/8/21 <p>During interview on 5/20/22 the Licensee reported:</p> <ul style="list-style-type: none"> - he and the Qualified Professional were responsible for ensuring drug regimens were completed every 6 months - will follow up with the pharmacy 	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the facility grounds were maintained in a safe, clean and attractive manner. The findings are:</p> <p>Based on observation at 12:17pm on 5/19/22 revealed:</p>	V 736	<p><i>GROUND/LAWN WILL BE MAINTAINED IN SAFE, CLEAN, ATTRACTIVE AND ORDERLY MANNER. QP WILL ENSURE COMPLIANCE MONTHLY AND DOCUMENT COMPLIANCE ON QP GUIDELINES REVIEW SHEET. GRASS WAS CUT ON 5/22/22.</i></p>	<p><i>5/26/22</i></p>

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V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> - the grass was knee high around the facility <p>During interview on 5/19/22 staff #1 reported:</p> <ul style="list-style-type: none"> - a gentlemen was supposed to cut the grass this weekend <p>During interview on 5/20/22 the Licensee reported:</p> <ul style="list-style-type: none"> - the grass had not been cut in 2 weeks - the gentlemen that usually cut the facility's grass did not show - he will follow up with him <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		