

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/08/2022
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NAME OF PROVIDER OR SUPPLIER T Y L (THANK YOU LORD)	STREET ADDRESS, CITY, STATE, ZIP CODE 2612 WINSTEAD ROAD ROCKY MOUNT, NC 27804
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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>An Annual and Follow up survey was completed on 7/8/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living</p> <p>The facility is licensed for three and currently has a census of three. The survey sample consisted of audits of three current clients.</p>	V 000		
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="text-align: center;">RECEIVED AUG 01 2022 DHSR-MH Licensure Sect</p>	

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

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a treatment plan was completed annually for two of three (#1, #3) clients. The findings are: Review on 7/7/22 of client #1's record revealed: -Admission date of 3/1/04 -Diagnoses of Mild Intellectual Developmental Disability (IDD) and Schizophrenia -Treatment Plan dated 12/13/19 Review on 7/7/22 of client #3's record revealed: -Admission date of -Three years ago -Diagnoses of Psychotic Disorder, Impulse Control, Moderate IDD and Hypertension -Treatment Plan dated 5/1/20 Interview on 7/7/22 the Licensee stated: -He received services through a contract agency who completed the client treatment plans. -They had the treatment team meetings, but he was never given a copy of their treatment plans. -These clients have been with him for several years and no big changes to their plans. -Never asked the provider for copies of the plans. -Will call and obtain copies for his records. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 112	<i>V. 112. SINCE STATE AUDIT AFL PROVIDER HAS GOT PLANS (REVISED PLANS FOR ALL (3) CONSUMERS. AFL STAFF WILL REMAIN IN CONSTANT CONTACT WITH SUPERVISORS TO ENSURE AFL STAFF RECEIVES FUTURE PLANS ONCE THEY ARE PREPARED.</i>	

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V 118	Continued From page 2	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Based on record review and interview the facility failed to ensure one of three clients (#2) MAR were kept current. The findings are:</p> <p>Review on 7/7/22 of client #2's record revealed: -Date of admission 12/1/11 -Diagnoses of Schizophrenia; History of Alcohol Abuse; Psychotic Disorder; Hypertension; Seizure Disorder; Diabetes Mellitus II and High</p> <p>Review on 7/7/22 of client #2's phisicain order dated 10/13/21 revealed, -"Metformin 500- twice a day"</p> <p>Review on 7/7/22 of client #2's medications revealed Metformin present in the facility.</p> <p>Review on 7/7/22 of client #2's MAR, Metformin was not listed on his current July 2022 list.</p> <p>There was no previous months MARs present in the facility.</p> <p>During interview on 7/7/22 the Licensee stated: -Not sure why the metformin was not listed on the MAR. -The pharmacy prints that list off and sends out to him. -Had not compared the medications to the ones listed on the MAR. -Client #2 had been receiving his medications, just not initialed, -Will contact the pharmacy to let them know the error.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118	<p>V. 118</p> <p>DN 7.7.22 AFL STAFF CONTACTED DRUG CD PHARMACY AND INFORMED THEM OF THE MISSED MEDICATION ON THE MAR. MARs NOW REFLECT ALL CURRENT ALL CURRENT MEDICATIONS NOW TAILED, AND FUTURE MARs HAVE BEEN PRINTED. STAFF WILL ALSO HAVE SUPERVISORS TO PERFORM MONTHLY CHECKS IN ORDER TO MAKE SURE HOME IS IN COMPLIANCE.</p> <p>7.7.2022</p>	

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V 736	Continued From page 4	V 736	V. 736	7.7.2022
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean, attractive and orderly manner kept free from offensive. The findings are: Observation on 7/7/22 at 8:30 AM revealed: -The living area was stacked with items all around the room. -The kitchen counters were covered with items. -There was no kitchen table, just a game table stacked with folded clothes. -Client's bedrooms were cluttered with items and had a strong smell of body odor -Client's bathroom floor was dirty, bathtub, sink and toilet all needed cleaning. -Hallway carpet very stained and dirty. Interview on 7/7/22 the Licensee stated: -The home did need cleaning out. -Some of the clients are "hoarders" and bring things in to keep. -Had been planning to replace the rug. -Had not had a chance to clean the bathroom today. -The clients eat at the counter and did not use a table.	V 736	V. 736 11736. LIVING AREA WAS USED AS A STORAGE AREA, BE CAUSE NO ONE RARELY EDES USES IT, HOWEVER SINCE STATE AUDIT, ROOM HAS BEEN DEUTRIANIZED FURNITURE HAS SITUATED. STATE AUDIT WAS PERFORMED PRIOR TO 2 OF THE 3 CONSUMERS FULLY WAXING UP. DAILY LIVING CHORES HAD NOT BEEN ADDRESS YET. BATHROOM HAS SINCE BEEN CLEANED A NEW CARPET RUNNER HAS BEEN INSTALLED AND HALLWAY CARPET HAS BEEN PROFESSIONALLY CLEANED BY "CHEM-DRY" OF ROCKY MOUNT. CLOTHES ON THE GAME TABLE HAVE BEEN FOLDED AND REMOVED. CONSUMERS OF THE HOME EAT AT THE LARGE ISLAND IN THE CENTER OF KITCHEN, BUT AFL STAFF WILL	

CONSIDER REPLACING GAME TABLE FOR KITCHEN TABLE.
H05C11
If continuation sheet 5 of 6

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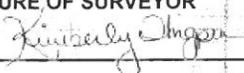
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation on 7/7/22 the facility failed to maintain the temperature of the water between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 7/7/22 at 10:30 AM revealed the water temperature in the client's bathroom sink and bathtub at 129 degrees Fahrenheit.</p> <p>Interview on 7/7/22 the Licensee stated: -Had been working on his water heater lately. -Will turn it down and recheck. -Usually check the temperatures to keep it low. -Will continue to monitor the temperature and fix the water heater if needed.</p>	V 752	<p>V 752</p> <p>SINCE AUDIT, AFL STAFF HAS HIRED PROFESSIONAL PLUMMER TO FIX PROBLEM. PLUMMER STATED THAT WATER HAD TO BE DRAINED, SOME PIPES HAD TO BE REPLACED. WATER TEMPS ARE NOW WITH IN COMPLIANCE, AND WILL BE CHECKED TWICE DAILY TO ENSURE TEMPS REMAIN WITHIN 100°-116° GUIDELINES.</p>	7/14/22
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL064-107	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/8/2022
NAME OF FACILITY T Y L (THANK YOU LORD)	STREET ADDRESS, CITY, STATE, ZIP CODE 2612 WINSTEAD ROAD ROCKY MOUNT, NC 27804	

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 V0290	Correction	ID Prefix V0367	Correction	ID Prefix	Correction
Reg. # 27G .5602	Completed	Reg. # 27G .0604	Completed	Reg. #	Completed
LSC	07/08/2022	LSC	07/08/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 7/8/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/11/2019	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 18, 2022

Darrell Frank Johnson II, Licensee
2612 Winstead Road
Rocky Mount, NC 27804

Re: Annual and Follow Up Survey Completed 7/8/22
T.Y.L. (Thank You Lord), 2612 Winstead Road, Rocky Mount, NC 27804
MHL# 064-107
E-mail :dfjohnson447@gmail.com

Dear Mr. Johnson:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 7/8/22.

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
- Standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within in 30 days from the exit of the survey, which is 8/7/22.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 9/6/22.

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.

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7/18/2222
T.Y.L. (Thank You Lord)
Darrell Frank Johnson II, Licensee

- 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.**

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,



Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources
LME/MCO
Pam Pridgen, Administrative Supervisor