

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRECIOUS HAVEN #3 COMET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>975 COMET CIRCLE FAYETTEVILLE, NC 28314</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on June 28, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>AUG 8 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	
V 111	<p><b>27G .0205 (A-B)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p>	V 111	<p><i>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services...</i></p> <p><i>Effective 7/1/2022, PHI will ensure that all clients will have an assessment completed prior to the delivery of service. This assessment will be completed upon admission by the QP and will include but will not be limited to the client's presenting problems, needs and strengths, diagnosis upon admission, and any pertinent social, family, medical history. This assessment will be captured via the titled Admission Check Sheet/Face Sheet and located in the front of the consumer's record.</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *VC [Signature]*

TITLE *Asst. Director*

(X6) DATE *7/15/22*



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V 111	<p>Continued From page 2</p> <p>Disruptive Mood Dysregulation Disorder. -No evidence of a completed admission assessment for client #2.</p> <p>Interview on 6/24/22 client #2 stated: -She resided at the facility since 5/31/22. -This was her 2nd time at this facility. -She also resided at the sister facilities in the past.</p> <p>Interview on 6/24/22 and 6/27/22 the Residential Supervisor stated: -She was responsible for admissions and completing the admission assessment. -There was not a complete admission assessment for the clients. -She would ensure admission assessments were completed prior to the delivery of services.</p>	V 111	<p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p><i>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services...</i></p> <p><i>Effective 7/1/2022, PHI will ensure that all clients will have an assessment completed prior to the delivery of service.</i></p> <p><i>This assessment will be completed upon admission by the QP and will include but will not be limited to the client's presenting problems, needs and strengths, diagnosis upon admission, and any pertinent social, family, medical history. This assessment will be captured via the titled Admission Check Sheet/Face Sheet and located in the front of the consumer's record.</i></p>	
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p><b>10A NCAC 27F .0102 LIVING ENVIRONMENT</b></p> <p>(a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p>	V 539		

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V 539	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting one of three audited clients (#1). The findings are:</p> <p>Review on 6/23/22 of client #2's record revealed: -15 year old female. -Admitted on 5/31/22. -Diagnoses of Attention-Deficit Hyperactivity Disorder combined type, Oppositional Defiant Disorder, Post Traumatic Stress Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Observation on 6/23/22 at approximately 12:38pm the video surveillance system in the living room of the home revealed: -Client #2's bedroom entrance and about 5 feet into client #2's bedroom was visible. -The bottom half of client #2's bedroom dresser near her window was visible.</p> <p>Interview on 6/23/22 client #2 stated: -She had not had any concerns with privacy. -She was able to see the camera video in the living room.</p> <p>Interview on 6/23/22 the Qualified Professional stated: -He was not aware the camera had shown into client #2 bedroom.</p> <p>Interview on 6/23/22 the Assistant Director stated: -He was able to view the facility video surveillance from his phone. -He had not noticed the camera had shown parts of client #2's room.</p>	V 539	<p><i>10A NCAC 27F .0102 LIVING ENVIRONMENT</i></p> <p><i>(a) Each client shall be provided:</i></p> <p><i>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team</i></p> <p><i>Effective 6/24/22, PHI has corrected the camera by adjusting it to suveyor recommended level.</i></p> <p><i>PHI will ensure that each client has accessible areas for personal privacy. This access to privacy be monitored daily by the Home Manager/QP.</i></p>	



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V 539	Continued From page 4  -He had adjusted the camera during the survey.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 539		
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 was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 6/23/22 at approximately 11:00am during tour of the facility revealed: -All 4 client bedrooms had the windows screwed or nailed shut. -The third bedroom to the left had a blown light bulb. -The second bedroom to the left was missing a floor vent.  Interview on 6/23/22 the Qualified Professional stated: -Another floor vent had to be purchased and had just arrived. -He had replaced the floor vent during survey. -He was unsure why or when the windows were nailed shut.	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.  Effective 7/1/2022. PHI has made the following repairs: - Removed screws from windows -Replaced blown light bulb in third bedroom -Replaced floor vent in second bedroom. PHI will continue to visually monitor environmental safety via daily checks completed by the group home manager and checks by QP after all repairs.	

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V 736	<p>Continued From page 5</p> <p>Interview on 6/23/22 the Assistant Director stated: -He was not aware the windows in the client bedrooms were nailed shut. -He was unsure how long the windows were nailed shut. -He believed the facility's maintenance man may have nailed the windows. -He had removed all the screws or nails from the windows during survey and was able to open the windows.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
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