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
	MHL033-132	A. BUILDING: _____ B. WING _____	R 07/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS FAMILY SERVICES, INC	1649 HARPER STREET ROCKY MOUNT, NC 27801

(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 A follow up survey was completed on 7/18/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	{V 000}		
{V 109}	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.	{V 109}		

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{V 109}	Continued From page 1 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	{V 109}		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure of 1 of 2 Qualified Professionals (QP) (Licensee) demonstrated, knowledge, skills and abilities required by the population served. The findings are:

A. Cross reference tag: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on observation, record review and interview the facility failed to develop & implement goals and strategies to address 1 of 3 audited clients (#2) behaviors.

QP shall Develop treatment Plans w/ treatment team 8-10-2022

B. Cross reference tag: 10A NCAC 27G .5601 SCOPE (V289). Based on record review and interview the facility failed to meet the scope of the program by admitting clients without a diagnosis of a developmental disability for 1 of 3 audited clients (#2).

QP + Administrator will review admissions and all ff's for appropriate admission 8-10-2022

C. Cross reference tag: 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (V513).

Jemanee Abdullah, QP 9/13/2022

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{V 109}	Continued From page 2 Based on observation, record review and interview the facility failed to use the least restrictive and most appropriate settings and method. Review on 7/11/22 of the Licensee's personnel record revealed: - Master in Education 2005 Interview on 7/11/22 the QP reported: - Been the QP since 6/5/22 - He was informed about the Plan of Correction (POC) from the previous survey. - He had been working on bringing everything where it needed to be that was listed on the POC - He knew there were things that still needed to be done and they were working on them - They had made much progress since he had been the QP in such a short period of time. Interview on 7/18/22 the Licensee reported: - He was acting QP from Dec. 2021 until the new QP was hired in June 2022. - Duties as a QP were assessments and making sure the clients were taken care of. - They were making progress with what was on the POC. - He was working with the new QP on correcting the issues from the last survey. Review on 7/18/22 of the Plan of Protection dated 7/18/22 written by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - We will meet with entire team to complete updated treatment plans they have been finished waiting on our meeting in re (regards) new updated home goal Also one resident client rights violation (refrigerator) will be included in his plan	{V 109}	QP w/ Administrators will Meet w/ team staff develop Plan within treatment plan to address least restrictive	8-10-2022

Signature Walker, QP
9/13/2022

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{V 109}	Continued From page 3 Describe your plans to make sure the above happens: - We have and will continue meet with team to finalize plans that have address all updates. We have made tremendous progress and will immediately clear these (4) tags. Team will evaluate diagnosis on all consumers to meet DD (Developmental Disability) criteria will be made to apply for waiver if needed." The facility served clients diagnosed with Psychotic disorder, Intellectual delay, Schizophrenia Disorder, Schizoaffective Disorder, Learning Disorder, and Attention Deficit/Hyperactivity disorder. Client #2 did not have an updated treatment plan to include goals and strategies to address his needs. This included restricting client rights by continuing to have a chain lock around the refrigerator to prevent client #2 from eating raw meat. The facility continued to serve client #2 with no DD diagnosis which is outside of the scope of their license. The facility Licensee had failed to implement the above corrections. This deficiency constitutes a Failure to Correct the Type A1 rule violation for serious neglect. An administrative penalty of $500 per day is imposed for failure to correct within 23 days.	{V 109}		
{V 112}	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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	{V 112}	QP will Develop Treatment Plans with each consumer Jeanance Walker, QP 9/13/2022	

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{V 112}	Continued From page 4 of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to develop & implement goals and strategies to address 1 of 3 audited clients (#2) behaviors. The findings are: A. Review on 7/11/22 of Client #2's record revealed: - Admitted 12/1/21 - Diagnosis of Schizophrenia - A treatment plan dated 1/7/22: no goals or strategies to address client #2's behaviors of eating raw meat.	{V 112}	QP will develop and Implement goal and strategies w/ residents within the treatment plan 8-10 2022 Jeuance Walker, QP 9/13/2022	

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{V 112}	Continued From page 5 Observations on 7/11/22 revealed the following: - 10:00am there was a locked silver link chain wrapped around the handle of the upper and lower portion of the refrigerator/freezer During interview on 7/13/22 Client #4 reported: - The lock was on the refrigerator because client #2 always went in there and ate raw food. During interview on 7/11/22 the Qualified Professional (QP) reported: - He had been the QP since the beginning of June 2022. - One of his duties was completing/updating the clients' treatment plans. - Client #2 would eat raw meats out of the refrigerator. - They didn't use the chain on the refrigerator all the time. - The treatment team had met and they were trying to get an appointment with client #2's doctor to add strategies to his treatment. plan. - The treatment plan had not been finalized and strategies for eating raw meat was still not in client #2's treatment plan. Interview on 7/18/22 the Licensee reported: - The chain was for the client's safety. - They were trying to make sure the clients were safe. - Client #2 will continue to eat raw meat so "what are we supposed to do?" This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	{V 112}		

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{V 289}	Continued From page 6	{V 289}		
{V 289}	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or	{V 289}		

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{V 289}	Continued From page 7 (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). This Rule is not met as evidenced by: Based on record review and interview the facility failed to meet the scope of the program by admitting clients without a diagnosis of a developmental disability for 1 of 3 audited clients (#2). The findings are: Review on 7/11/22 of Client #2's record revealed: - Admitted 12/1/21 - Diagnosis of Schizophrenia Interview on 7/18/22 the Qualified Professional (QP) reported: - He thought client #2's diagnosis had been	{V 289}	QP & Administrator shall check appropriate diagnosis of all residents and review f/t's to ensure are correct. 8-10-2022	

Jeanne Hall, QP
9/14/2022

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{V 289}	Continued From page 8 changed. - He would speak with the doctor about client #2 being reassessed. - They would apply for a waiver through the State if client #2's diagnosis couldn't be changed to reflect a developmental disability. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	{V 289}		
{V 513}	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.	{V 513}		

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{V 513}	Continued From page 9	{V 513}	Qa Administrator will check appropriate diagnosis for all residents and check f/2's	8-10-2022

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to use the least restrictive and most appropriate settings and method. The findings are:

Review on 7/11/22 of Client #2's record revealed:
- Admitted 12/1/21
- Diagnosis of Schizophrenia

Observations on 7/11/22 revealed:
- 10:00am a locked silver link chain wrapped around the handle of the upper and lower portion of the refrigerator/freezer

Interview on 7/13/22 client #4 reported:
- He got "plenty" to eat.
- The chain is "always" on the refrigerator because his housemate, client #2, ate raw food out of the refrigerator.

Interview on 7/11/22 the Qualified Professional (QP) reported:
- Client #2 ate raw meat from the refrigerator.
- The chain was not used all the time.

Interview on 7/18/22 the Licensee reported:
- The chain was for client #2's safety.
- They were trying to make sure the clients were safe.
- Client #2 will continue to eat raw meat so "what are we supposed to do?"

This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND

Juana Walker, QP
9/13/2022

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{V 513}	Continued From page 10 ASSOCIATE PROFESSIONALS (V109) for a Type A1 and must be corrected within 23 days.	{V 513}		

Jeanne Walker, DP
9/13/2022

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

VIA CERTIFIED MAIL

Plan of Corrections
9/13/2022
Terrance Walker, QP

7/29/22

Mr. Alphonsus Ngwadom, CEO/Owner
Almarch Family Care, LLC
295 Adams Point Dr.
Garner, NC 27529

Re: Follow Up Survey completed 7/18/22
Open Arms Family Services, Inc., 1649 Harper St., Rocky Mount, NC 27801
MHL # 033-132
E-mail Address: almarch539@gmail.com

Dear Mr. Ngwadom:

Thank you for the cooperation and courtesy extended during the follow up survey completed 7/18/22.

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.

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

- Type A1 rule violation is ***continued*** for **10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109).**

Time Frame for Compliance – Continued Type A1

- *You must submit in writing, via mail, the date by which the deficiency will be corrected. The second follow up visit will be scheduled after your submitted date of compliance is received by our office.* When the second follow-up visit is completed and the facility is determined to be in compliance with the previously cited deficiency, you will be notified by mail of the total penalty amount owed. However, if it is determined the facility is still out of compliance, administrative penalties will continue to accrue until such time the deficient practice is corrected.

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.***

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, Team Leader, at 919-552-6847.

Sincerely,

Tinika Ferguson, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Pam Pridgen, Administrative Supervisor

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL033-132 Y1	A. Building B. Wing Y2	7/18/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS FAMILY SERVICES, INC	1649 HARPER STREET ROCKY MOUNT, NC 27801

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	Correction	ID Prefix V0107	Correction	ID Prefix V0111	Correction
Reg. # 27G .0201 (A) (1-7)	Completed	Reg. # 27G .0202 (A-E)	Completed	Reg. # 27G .0205 (A-B)	Completed
LSC	07/18/2022	LSC	07/18/2022	LSC	07/18/2022
ID Prefix V0114	Correction	ID Prefix V0118	Correction	ID Prefix V0290	Correction
Reg. # 27G .0207	Completed	Reg. # 27G .0209 (C)	Completed	Reg. # 27G .5602	Completed
LSC	07/18/2022	LSC	07/18/2022	LSC	07/18/2022
ID Prefix V0366	Correction	ID Prefix V0367	Correction	ID Prefix V0736	Correction
Reg. # 27G .0603	Completed	Reg. # 27G .0604	Completed	Reg. # 27G .0303(c)	Completed
LSC	07/18/2022	LSC	07/18/2022	LSC	07/18/2022
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			J. Ferr	7-18-22
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/11/2022	☐ YES ☐ NO

EVENT ID: DZMY12

Jennifer Walker, QP 7/13/2022

HEALTH INFORMATION
FAX COVER SHEET

From: Open Arms Family Services, Inc.

To: Mental Health Licensure and Certification (NCDHHS)

Fax# 919-552-6847

Date: 9-14-2022

Cover Sheet Plus Multiple Pages

Comments POC - from Terrance Walker, QP

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Revised 02/18/2010