

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL003-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2022
NAME OF PROVIDER OR SUPPLIER SAMUEL C EVANS JR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 ESTEP STREET SPARTA, NC 28675		
(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 An annual and follow-up survey was completed on 9/15/22. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 5 clients and had a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or	V 290		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL003-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2022
NAME OF PROVIDER OR SUPPLIER SAMUEL C EVANS JR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 ESTEP STREET SPARTA, NC 28675		
(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 290	<p>Continued From page 1</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure a minimum of one staff member was present at all times except when the client's treatment plan documented the client was capable of being without supervision affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 9/15/22 of Client #1's record revealed: -Admitted 6/30/99. -Diagnoses of Mild Intellectual Developmental Disability, Bipolar Disorder, Intermittent Explosive Disorder, Type II Diabetes Mellitus, Hypertension, Hypothyroidism, Hypertension, and Gastro-Esophageal Reflux Disease. -There were no goals and strategies to address unsupervised time in her most recent Person-Centered Profile dated 5/27/22.</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL003-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2022
NAME OF PROVIDER OR SUPPLIER SAMUEL C EVANS JR GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 ESTEP STREET SPARTA, NC 28675		
(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 290	<p>Continued From page 2</p> <p>Interview on 9/15/22 with Client #1 revealed: -She could stay at the facility without staff present for 2-3 hours.</p> <p>Interview on 9/15/22 with Client #3 revealed: -Her and Client #1 were at the facility alone about a week ago. -They both stayed in their room as they were in quarantine. -Staff came around noon and brought some lunch and then staff went back to the day program.</p> <p>Interview on 9/15/22 with Staff #1 revealed: -Client #1 had "some unsupervised time," if she was "upset" they would not leave her home alone.</p> <p>Interview on 9/15/22 with the Supervisor revealed: -Client #1 had outbursts and her unsupervised time depended on her mood. -If she was having an outburst she would not be able to stay at home without staff. -If her mood was stable she could stay unsupervised at home up to 2 hours. -Since she had worked at the facility everyone had up to 3 hours of unsupervised time.</p> <p>Interview on 9/15/22 with the Executive Director/Qualified Professional revealed: -If permitted, unsupervised time at the home could be up to 3 hours. -This was a rare occurrence clients' were home alone. -On occasion clients' would walk to local stores within vicinity of the facility. -This should be a part of the clients' treatment plan.</p>	V 290		