Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL003-007 B. WING 09/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **53 ESTEP STREET** SAMUEL C EVANS JR GROUP HOME SPARTA, NC 28675 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 Clients capability of remaining in the 09/15/22 home or community without An annual and follow-up survey was completed supervision, will be documented in on 9/15/22. A deficiency was cited. the clients treatment plan. Documentation in the plan will This facility is licensed for the following service specify the period of time the client category: 10A NCAC 27G .5600C Supervised is capable of remaining without Living for Adults with Developmental Disability. supervision. The treatment plan will be reviewed by the Executive Director, The facility is licensed for 5 clients and had a Directors, and Supervisor, census of 4. The survey sample consisted of annually, at a minimum, audits of 3 current clients. to ascertain the clients capability. Facility staff will be informed of clients V 290 27G .5602 Supervised Living - Staff V 290 capability to remain unsupervised during initial trainings, and at times of 10A NCAC 27G .5602 STAFF treatment plan reviews and or (a) Staff-client ratios above the minimum revisions. numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to Responsible parties: enable staff to respond to individualized client **Executive Director** needs Director (b) A minimum of one staff member shall be Assistant Director present at all times when any adult client is on the Supervisor premises, except when the client's treatment or All Group Home Staff 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 RECEIVED following client-staff ratios when more than one child or adolescent client is present: OCT 0 7 2022 children or adolescents with substance (1) abuse disorders shall be served with a minimum **DHSR-MH Licensure Sect** 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

Division of Health Service Regulation

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

Dechy Miller, BS, BATTLE Exec. Director

Division of Health Service Regulation

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SPARTA, NC 28675								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID DESCRIPTION OF THE PROPERTY OF TH								
F	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC	TION SHOULD BE		(X5)
	TAG			TAG	CROSS-REFERENCED TO	CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
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	V 290	Continued From page 1		V 290				
				V 250				
			dolescents with					
		developmental disabili	ties shall be served with					
		one staff present for e	very one to three clients					
		present and two staff p	resent for every four or					
		more clients present. I	However, only one staff					
		need be present during	sleeping hours if					
		specified by the emerg	ency back-up procedures					
		determined by the gove	erning body.					
		(d) In facilities which se	erve clients whose primary					
		diagnosis is substance	abuse dependency:					1
		<ol> <li>at least one s</li> </ol>	taff member who is on					
		duty shall be trained in	alcohol and other drug					
		withdrawal symptoms a	ind symptoms of					
		secondary complication	is to alcohol and other				1	i
		drug addiction; and						
		(2) the services o	f a certified substance					
		abuse counselor shall b	e available on an					- 1
	1	as-needed basis for each	ch client.					1
								- 1
								- 1
								1
		This Rule is not met as	evidenced by:					1
		Based on record review	and interviews the facility					- 1
	-	failed to ensure a minim	um of one staff member					- 1
		was present at all times	except when the client's					- 1
	1	treatment plan documen	ted the client was					- 1
		canable of being without	led the client was					
		capable of being without	supervision affecting 1					1
		or o addited cherits (Cher	nt #1). The findings are:					
	-	Review on 0/15/22 of OI						- 1
		Admitted 6/30/99.	ent #1's record revealed:					- 1
			1.0					- 1
	-	Diagnoses of Mild Intelle	ecutual Developmental					
	L	Disability, Bipolar Disord	er, Intermittent Explosive					
	L	nsorder, Type II Diabete	es Mellitus, Hypertension,					
	I F	Hypothyroidism, Hyperte	nsion, and					- 1
	G	Sastro-Esophageal Reflu	x Disease.					1
	-	There were no goals and	d strategies to address					1
	u	nsupervised time in her	most recent					1
		erson-Centered Profile	dated 5/27/22.					- 1
cion o	of Hoolth	Service Regulation						- 1

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL003-007 B. WING 09/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **53 ESTEP STREET** SAMUEL C EVANS JR GROUP HOME SPARTA, NC 28675 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 290 | Continued From page 2 V 290 Interview on 9/15/22 with Client #1 revealed: -She could stay at the facility without staff present for 2-3 hours. 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. 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. 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. 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.

plan.

alone.

-This was a rare occurrence clients' were home

-On occasion clients' would walk to local stores

-This should be a part of the clients' treatment

within vicinity of the facility.

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