

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2022
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NAME OF PROVIDER OR SUPPLIER KOODY HEALTHCARE SERVICES INC III	STREET ADDRESS, CITY, STATE, ZIP CODE 781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803
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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>A complaint survey was completed on 10/20/22. The complaint was unsubstantiated (intake #NC00192620) A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Living for Adults with Mental Illness</p> <p>The facility is licensed for 5 and currently has a census of 3. The survey sample consisted of 1 former client.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>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;</p>	V 289		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 289	<p>Continued From page 1</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(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).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>facility failed to operate within the scope of its license affecting 3 of 3 current clients (#1, #2#3). The findings are:</p> <p>Review on 10/13/22 of facility records revealed:</p> <ul style="list-style-type: none"> - License for 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness - No current licensure for respite services. <p>Review on 10/13/22 sister facility client record revealed:</p> <ul style="list-style-type: none"> - There was no client record <p>Observation on 10/13/22 at 10:30am sister facility client was sitting on the couch in the living room area of the group home.</p> <p>Interview on 10/13/22 client #4 stated</p> <ul style="list-style-type: none"> -Sister facility clients stayed the night here sometimes -Sister facility client slept in bedroom #3 <p>Interview on 10/13/22 staff #1 stated:</p> <ul style="list-style-type: none"> -Listed sister facility client as a resident of the house -He stayed the night here last night <p>Interview on 10/20/22 Licensee stated:</p> <ul style="list-style-type: none"> -Sister facility client was not a resident of this facility -He only stated one night due to some issues he had at the sister facility -He does not live at this facility 	V 289		