

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/07/2022
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NAME OF PROVIDER OR SUPPLIER HANNAH FAMILY CARE HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7109 HICKORY NUT DRIVE RALEIGH, NC 27613
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 11/7/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policy when a client was admitted. The findings are:</p> <p>Review on 10/11/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/1/20 - Diagnoses: Chronic Schizophrenia, paranoid type, History of Ethyl Alcohol (ETOH), and Nicotine dependence - No admission assessment in the record <p>Review on 10/11/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/15/18 - Diagnoses: Schizophrenia, Tobacco Abuse, Melanosis, Epidermal cyst of skin, Lower back pain, Tachycardia and Eosinophilia - No admission assessment in the record <p>Review on 10/11/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/14/18 - Diagnoses: Schizoaffective disorder-depression type, Chronic obstructive pulmonary disease (COPD), Acne, Brugada syndrome and Hypertension - No admission assessment in the record <p>Review on 10/12/22 of a fax from the QP/Administrator revealed:</p> <ul style="list-style-type: none"> - Client #1, #4, and #6's admission assessment dated 10/11/22 - Signed by the QP/Administrator <p>Review on 11/7/22 of the facility's admission policy revealed:</p> <ul style="list-style-type: none"> - "When a prospective client is referred for admission the administrator/QP (Qualified 	V 105		

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V 105	Continued From page 3 Professional) or his designee will conduct a screening assessment to determine needs for service. The results of the screening assessment are documented and address the following areas..." Interview on 11/3/22 the QP/Administrator reported: - Duties included completing admissions and discharges. - He did the admission assessments on all the clients before they were admitted. - He may have "trimmed" the records and didn't know where he put the original admission assessments.	V 105		
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 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	V 112		

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V 112	<p>Continued From page 4</p> <p>responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 audited clients (#1, #4, #6) treatment plans were completed annually. The findings are:</p> <p>Review on 10/11/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/1/20 - Diagnoses: Chronic Schizophrenia, paranoid type, History of Ethyl Alcohol (ETOH), and Nicotine dependence - No current treatment plan <p>Review on 10/11/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/15/18 - Diagnoses: Schizophrenia, Tobacco Abuse, Melanosis, Epidermal cyst of skin, Lower back pain, Tachycardia and Eosinophilia - No current treatment plan <p>Review on 10/11/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/14/18 - Diagnoses: Schizoaffective disorder-depression type, Chronic obstructive pulmonary disease (COPD), Acne, Brugada syndrome and Hypertension - No current treatment plan 	V 112		

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V 112	Continued From page 5 Interview on 11/3/22 the Qualified Professional/Administrator reported: - Responsible for completing treatment plans. - Due to the pandemic, they had a treatment plan meeting that only included the staff. - No guardians were present for the meetings in person or by phone. - The guardians were not able to sign off on any treatment plans because they were not included in the meetings. - Confirmed that there were no updated treatment plans with a signed signature page in the clients records. Interview on 11/2/22 client #1's guardian reported: - Client #1's guardian since 2008. - There hadn't been any treatment plan meetings since the pandemic.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan;	V 113		

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V 113	<p>Continued From page 6</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure consents were maintained for 3 of 3 audited clients (#1, #4, #6). The findings are:</p> <p>Review on 10/11/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/1/20 - Diagnoses: Chronic Schizophrenia, paranoid type, History of Ethyl Alcohol (ETOH), and Nicotine dependence 	V 113		
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V 113	<p>Continued From page 7</p> <ul style="list-style-type: none"> - No evidence of consents were completed. <p>Review on 10/11/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/15/18 - Diagnoses: Schizophrenia, Tobacco Abuse, Melanosis, Epidermal cyst of skin, Lower back pain, Tachycardia and Eosinophilia - No evidence of consents were completed. <p>Review on 10/11/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/14/18 - Diagnoses: Schizoaffective disorder-depression type, Chronic obstructive pulmonary disease (COPD), Acne, Brugada syndrome and Hypertension - No evidence of consents were completed. <p>Interview on 11/2/22 with client #1's guardian reported:</p> <ul style="list-style-type: none"> - Client #1's guardian since 2008. - Didn't document signing any annual consents since 2020. <p>Interview on 11/3/22 the Qualified Professional (QP)/Administrator reported:</p> <ul style="list-style-type: none"> - He would update all the consents in all the client charts. - He didn't update them because of the pandemic. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/11/22 at 2:00pm revealed:</p> <p>Kitchen:</p> <ul style="list-style-type: none"> - paint on the wall by the table scraped off <p>Back porch:</p> <ul style="list-style-type: none"> - soft spots as you stand on the wood - lifting and uneven wood <p>Hallway</p> <ul style="list-style-type: none"> - water stains in the ceiling - carpet wrinkled and stained <p>Living Room</p> <ul style="list-style-type: none"> - one window missing a blind <p>Client #1 & #2's bedroom:</p> <ul style="list-style-type: none"> - 1 lightbulb blown out - 1 lightbulb missing <p>Client #1 & #2's bathroom:</p> <ul style="list-style-type: none"> - cabinet drawer missing under the sink <p>Client #3 & #4's room:</p> <ul style="list-style-type: none"> - blind have broken and missing slats <p>Client #5's bedroom:</p> <ul style="list-style-type: none"> - missing a drawer from his dresser 	V 736		

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V 736	Continued From page 9 Interview on 10/11/22 & 11/3/22 the QP/Administrator (Qualified Professional) reported: <ul style="list-style-type: none"> - He came out to the facility a couple times per week. - Would tell the landlord about the back deck. - Didn't know the blind was missing in the living room. - Some things have been repaired. - A work order has been put in for the rest. 	V 736		