

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2022
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NAME OF PROVIDER OR SUPPLIER CEESONS OF CHANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 MORNINGSIDE DRIVE BURLINGTON, NC 27217
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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>An annual and follow up survey was completed on November 16, 2022. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for six beds and currently has a census of six. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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

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V 107	Continued From page 1 (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by:	V 107		
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:	V 112		

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V 112	<p>Continued From page 2</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited clients (client #2) treatment plan was completed annually. The findings are:</p> <p>Review on 11/15/22 of client #2's record revealed: -Admission date of 9/17/21. -Diagnoses of Schizoaffective Bipolar Type and Substance Use Disorder -There was no current treatment plan.</p> <p>Interview on 11/15/22 with the Director revealed: -He would check his computer to see if he forgot to print and add to record. -He checked his computer and did not have a</p>	V 112		

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V 112	Continued From page 3 current treatment plan. -Confirmed the facility failed to the treatment plan was completed annually.	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 11/16/22 at about 1:57pm of the kitchen revealed: -Refrigerator had odor of spoiled food when opened. -Refrigerator had stains on drawers and shelves. -Stains around sink and counters. -Window seal dusty and blinds dirty and dusty. -Top of stove greasy and dirty. -Baseboards dirty and dusty. Observation on 11/16/22 at about 1:59pm of the dining room area revealed: -Wall had bug- appeared to be a roach crawling toward the ceiling. -Walls were dirty, dusty and stained. -Window seal was dusty with dirty and dusty	V 736		

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V 736	<p>Continued From page 4</p> <p>blinds. -Two lightbulbs didn't work in the light fixture about dining room table. -Baseboards dirty and dusty.</p> <p>Observation on 11/16/22 at about 2:02pm of the hallway area revealed: -Walls were stained and dirty -Baseboards dirty and dusty.</p> <p>Observation on 11/16/22 at about 2:05pm of the bathroom area revealed: -Walls were dirty. -There was an odor of urine upon entering the bathroom. - The tub was dirty.</p> <p>Observation on 11/16/22 at about 2:08pm of the outside/carport/backyard area revealed: -Lawnmower equipment was cluttered against the back side of the house. -Tools and yard equipment cluttered in the carport.</p> <p>Observation on 11/16/22 at about 2:12pm of the outside of the front door entrance revealed: -Lawn chair blocked the doorway entrance to enter the house. -Spider webs were on the door handle and hanging about entrance way.</p> <p>This deficiency has been cited 3 times since the original cite on January 30, 2019, and must be corrected within 30 days.</p>	V 736		