

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A HOUSE OF LOVE AND HOPE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>239 BISHOP ROAD ROANOKE RAPIDS, NC 27870</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 11/30/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living/Alternative Family Living</p> <p>This facility is licensed for 2 clients and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(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.</p> <p>(d) The plan shall include:</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>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement strategies and goals for two of two clients (#1, #2) behaviors and needs along with one of two client (#2) treatment plan current. The findings are:</p> <p>Review on 11/29/22 of client #1's record revealed: -Admission date of January 2020 -Diagnoses of Moderate Intellectual Disability (IDD), Autism and Paranoid Schizophrenia -Treatment Plan dated 9/2/22.</p> <p>Review on 11/29/22 of client #2's record revealed: -Admission date of 7/15/21 -Diagnoses of Moderate IDD, Seizure Disorder, Lupus, Attention Deficit/Hyperactive Disorder, Vitamin D deficiency and Rheumatoid Arthritis. -Treatment Plan dated 3/1/21</p> <p>Interview on 11/29/22 the Licensee stated: -Client #1 had multiple behaviors regarding hyper sexualized behaviors. -Client #1 would walk around naked with a full erection and try to masturbate. -Was constantly having to redirect him to his room to put clothes on and masturbate in private. -He also liked to "rap" all the time, singing very loudly using profanity. -Client #1 had walked off into the neighborhood without her knowing. -He would be a few houses down and loose his</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>since of direction.</p> <ul style="list-style-type: none"> <li>-Had not been given any strategies to use when dealing with those behaviors.</li> <li>-Kept a behavior log daily to document the behavior.</li> <li>-Had asked the Qualified Professional (QP) about some type of behavior intervention and she was told they were working on it.</li> <li>-Client #2 wore a helmet when she was on outings and some at the day program.</li> <li>-Her neurologist told her to use the helmet when she went out and she would be fine in the home without it.</li> <li>-Client #2 had two to three seizures a month and they were mostly during her sleep hours.</li> <li>-Client #2 also had a gate belt to utilize when out due to her unstable when walking.</li> <li>-Not been given any specific instructions on the use and time frame of the helmet.</li> <li>-She had bought her a new one because client #2 complained the old one hurt her head.</li> <li>-Did not have client #2's current treatment plan in the home.</li> <li>-Had asked the care coordinator for one on her last visit and she had not provided her one.</li> </ul> <p>Further review on 11/29/22 of client #1's treatment plan, there were no goals to address client #1's current behaviors of Hypersexual behaviors, wandering off and excessive rapping out loud with profanity.</p> <p>Further review on 11/29/22 of client #2's treatment plan, there were no goals addressed on the use of the safety helmet.</p> <p>Interview on 11/30/22 The QP stated:</p> <ul style="list-style-type: none"> <li>-Client #1 came with the treatment plan he has and she had planned to update it when its time in the next few months.</li> </ul>	V 112		

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V 112	Continued From page 3  -Had documented his behaviors in his chart to the Managed Care Organization (MCO) for exceptions. -Had been trying to line up a behavioral plan because he definitely needs one but having a difficult time finding someone to do it. -The Licensee is documenting daily the behaviors on a behavior log and they are tracking them there. -Client #2's plan was completed by the care coordinator and she is very difficult to get her to do anything new. -The MCO's are still under "appendix K" which stated during covid they had extensions to the treatment plans. -The treatment plan that client #2 had was brought over by another MCO and was considered an extension. -Will track down the physician order for the helmet and do a short term goal until her next treatment team meeting where a goal for the helmet will be added.	V 112		
V 531	27E .0105(a) Client Rights - Protective Devices  10A NCAC 27E .0105 PROTECTIVE DEVICES (a) Whenever a protective device is utilized for a client, the governing body shall develop and implement policy to ensure that: (1) the necessity for the protective device has been assessed and the device is applied by a facility employee who has been trained and has demonstrated competence in the utilization of protective devices; (2) the use of positive and less restrictive alternatives have been reviewed and documented and the protective device selected is the appropriate measure;	V 531		

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V 531	<p>Continued From page 4</p> <p>(3) the client is frequently observed and provided opportunities for toileting, exercise, etc. as needed. When a protective device limits the client's freedom of movement, the client shall be observed at least every hour. Whenever the client is restrained and subject to injury by another client, a facility employee shall remain present with the client continuously. Observations and interventions shall be documented in the client record;</p> <p>(4) protective devices are cleaned at regular intervals; and</p> <p>(5) for facilities operated by or under contract with an area program, the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee, as required in 10A NCAC 27G .0504. Copies of this Rule and other pertinent rules are published as Division publication RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES, APSM 30-1, and may be purchased at a cost of five dollars and seventy-five cents (\$5.75) per copy.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to develop and implement a policy to ensure one of one client (#2) with a protective device was properly utilized and staff trained in the area of protective devices. The findings are:</p> <p>Review on 11/29/22 of client #2's record revealed: -Admission date of 7/15/21 -Diagnoses of Moderate IDD, Seizure Disorder, Lupus, Attention Deficit/Hyperactive Disorder, Vitamin D deficiency and Rheumatoid Arthritis.</p>	V 531		

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V 531	<p>Continued From page 5</p> <p>Observation on 11/29/22 at 1:30 PM client #2 at her day program and she was wearing a loose fit helmet, that was not clasped on her neck. The helmet was very thin and moved around the head easily.</p> <p>Interview on 11/29/22 the Licensee stated:                      -Client #2 wore a helmet when she was on outings and some at the day program.                      -Her neurologist told her to use the helmet when she went out and she would be fine in the home without it.                      -Client #2 had two to three seizures a month and they were mostly during her sleep hours.                      -Client #2 also had a gate belt to utilize when out due to her unstable when walking.                      -Not been given any specific instructions on the use and time frame of the helmet.                      -Had not been trained on the use of the helmet.                      -Client #2 came to her wearing the helmet and had wore it since a child.                      -She had bought her a new one because client #2 complained the old one hurt her head.                      -Did not have client #2's current treatment plan in the home.                      -Had asked the care coordinator for one on her last visit and she had not provided her one.</p> <p>Interview on 11/29/22 the Qualified Professional and Nurse from client #1's day program stated:                      -Client #2 came to them with the helmet.                      -Had asked the Licensee for the physician's order for the helmet and was told she did not have it but the helmet was to be worn outside of the home, per the neurologist.                      -Client #2 did not always wear the helmet while at the day program.                      -Had not had any issues with her falling or having seizures while with them.</p>	V 531		

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V 531	Continued From page 6  Interview on 11/30/22 the QP stated: -Client #2 came to the facility wearing a helmet. -She had always wore the helmet at her other placement due to her falls. -The treatment plan that client #2 had was brought over by another MCO and was considered an extension. -Will track down the physician order for the helmet and do a short term goal until her next treatment team meeting where a goal for the helmet will be added. -Will make sure the plan is updated to reflect the helmet and put things in place for the use of the helmet.	V 531		