

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>190 JUSTICE ROAD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>190 JUSTICE ROAD MARION, NC 28752</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 12/1/22. The survey was re-opened due to additional complaint received. The complaint was substantiated (#NC193471) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which</p>	V 289		

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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>serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</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)&amp;(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>	V 289		

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V 289	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to operate within the scope of their license where the primary purpose of services is the care and rehabilitation of individuals who have mental illness, a developmental disability or substance abuse disorders effecting 1 of 1 former clients (FC #3). The findings are:</p> <p>Review on 11/16/22 of FC #3's record revealed: -Date of admission- 3/18/21 -Date of Discharge 10/10/22 -Diagnoses- Moderate Intellectual Disability, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Persistent Disinhibited Social Engagement Disorder, Vitamin D Deficiency, Constipation. -Assessments and client specific training document described FC #3's behaviors: ..."Self injurious behaviors, property destruction, disrobing, urinating on property and self, eating grass, urine, paper and hand sanitizer. Will cut himself with anything glass including light bulbs, eloping. He is needy, dependent, will tune people out, has temper tantrums, he will "pat" on others. He also ties knots in his shirts. He has tried to choke himself with a belt. He often destroys his property. At times, he has attempted to harm others ... Needs structure, routine and consistency, supervision at all times. Close supervision at all times, assistance completing daily activities." -Treatment plan dated 10/1/22 included goals of: -refraining from self-injurious behavior; -informing staff when he wants to change location and refrain from eloping; -refraining from hitting others; all requiring close supervision and 1:1 services</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>for stability, predictability and reassurance.</p> <p>Review on 11/14/22 of Incident report and internal investigation dated 9/22/22 signed by the CEO (Chief Executive Officer) revealed:                      -"Member (FC #3) was next door at 180 Justice Road (sister facility) playing video games. Member heard sirens and went next door with 180 staff to see what was going on. Member saw employee of 190 having CPR (cardiopulmonary resuscitation) administered to him by employee's girlfriend. EMS (emergency medical services) arrived, [Licensee/owner] of CCHC (Community Companion Home Care) arrived as well. Employee was taken to the hospital. Employee is on temporary medical leave. Guardian was informed and is okay with back up staffing that is in place..."                      -Finding/conclusion of internal investigation completed on 10/5/22 signed by the CEO revealed:                      -"After speaking to all parties involved and reading all statements, it is concluded that the allegation cannot be substantiated."                      -There was no documentation of client movement to another licensed facility.</p> <p>Interview on 11/28/22 with FC #3 revealed:                      -Didn't want to talk about what happened at the facility.</p> <p>Interview on 11/21/22 with Staff #2 revealed:                      -Provided 1:1 day services for FC #3 as well as backup for residential services.                      -"I went to 180 (licensed sister facility next door to facility) the night of the emergency to give [FC #3] some support. I drove around with [FC #3] and stayed at Dad's home (licensed sister facility) for the night. We stayed a night or two then moved back to 190 (facility)... [FC #3] wanted to be away</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>from the situation ...I slept on the couch and [FC #3] stayed in my brother's room since my brother was away."</p> <p>Interview on 11/28/22 with Qualified Professional (QP) #2 revealed: -Was told FC #3 had requested to go to (licensed sister facility). They (Staff #2 and FC #3) stayed there 3 days and then returned to facility.</p>	V 289		