

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-498	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/06/2022
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NAME OF PROVIDER OR SUPPLIER MELODY HOUSE#1, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3116 CEDARWOOD DRIVE DURHAM, NC 27707
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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 and follow up survey was completed on 12/6/22. The complaint was unsubstantiated (intake #NC00195032). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of three audited staff (#2) had training to meet the needs of the clients. The findings are:</p> <p>a. Review on 12/2/22 of client #1's record revealed: -Admission date of 2/14/19. -Diagnoses of Schizoaffective Disorder, Hypersalivation, Tachycardia, Nephrogenic Diabetes Insipidus, Osteopenia, Overweight, Vitamin D deficiency, Hyperlipidemia and Tinea Pedis.</p> <p>b. Review on 12/2/22 of client #2's record revealed: -Admission date of 7/29/19. -Diagnoses of Schizophrenia, Hypertension, Hyperlipidemia, Morbid Obesity, Vitamin D Deficiency and Normocytic Anemia.</p> <p>c. Review on 12/2/22 of client #3's record revealed: -Admission date of 12/27/19. -Diagnoses of Schizoaffective Disorder-Bipolar type, Hypertension, Coronary Artery Disease, Type II Diabetes, Nonrheumatic Aortic Valve</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Insufficiency and History of Ascending Aortic Aneurysm.</p> <p>Review on 12/2/22 of a personnel record for staff #2 revealed the following: -Hire date of 9/22/22. -Hired as a Habilitation Technician. -No documentation of training to meet the needs of the clients.</p> <p>Interview on 12/22/22 with staff #2 revealed: -She worked with the agency for about 1 1/2 months. -She worked alone with the clients at the facility. -She didn't get the training to meet the needs of the clients with this agency.</p> <p>Interviews on 12/2/22 and 12/5/22 with the Program Coordinator revealed: -Staff #2 was hired towards the end of September 2022. -The Qualified Professional (QP) was responsible for doing the training to meet the needs of the clients with staff. -She thought staff #2 started after they were all trained with the QP in September 2022. -She confirmed staff #2 had no documentation of training to meet the needs of the clients.</p> <p>Interviews on 12/5/22 and 12/6/22 with the Director/Licensee revealed: -Staff #2 worked alone with the clients at the facility during her shift. -She thought staff #2 had the training to meet the needs of the clients with the QP. -She confirmed staff #2 had no documentation of training to meet the needs of the clients.</p> <p>This is a recited deficiency.</p>	V 108		

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V 108	Continued From page 3 This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Failure to Correct Type B rule violation.	V 108		
V 289	27G .5601 Supervised Living - Scope 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; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 4</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 facility failed to operate within the scope of the program developed and designed to provide services for habilitation/rehabilitation, care and supervision affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag 108)</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>Based on record review and interviews, the facility failed to ensure one of three audited staff (#2) had training to meet the needs of the clients.</p> <p>a. Review on 12/2/22 of client #1's record revealed: -Admission date of 2/14/19. -Diagnoses of Schizoaffective Disorder, Hypersalivation, Tachycardia, Nephrogenic Diabetes Insipidus, Osteopenia, Overweight, Vitamin D deficiency, Hyperlipidemia and Tinea Pedis. -Client #1 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>b. Review on 12/2/22 of client #2's record revealed: -Admission date of 7/29/19. -Diagnoses of Schizophrenia, Hypertension, Hyperlipidemia, Morbid Obesity, Vitamin D Deficiency and Normocytic Anemia. -Client #2 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>c. Review on 12/2/22 of client #3's record revealed: -Admission date of 12/27/19. -Diagnoses of Schizoaffective Disorder-Bipolar type, Hypertension, Coronary Artery Disease, Type II Diabetes, Nonrheumatic Aortic Valve Insufficiency and History of Ascending Aortic Aneurysm. -Client #3 had no documentation that indicated a diagnosis of a developmental disability.</p> <p>Review on 12/2/22 of facility records revealed: -A letter of support dated 10/10/22 from the Local Management Entity/Managed Care Organization (LME/MCO) was issued to the Director/Licensee. -The letter of support indicated there were beds</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>available for individuals with the primary diagnosis of mental illness.</p> <p>Review on 12/2/22 of the North Carolina Department of Health and Human Services (NCDHHS) Enterprise System revealed: -There was no documentation the Director/Licensee submitted an application to change the license from a 5600 C to 5600 A.</p> <p>Interview on 12/5/22 with the Administrative Supervisor for the Division of Health Service Regulation (DHSR)/Mental Health Licensure & Certification (MHL & C) section revealed: -The Director/Licensee submitted her renewal application seven times. -The Director/Licensee submitted the renewal application for the first time on 10/31/22. -The Director/Licensee had not been able to renew for different reasons. The sanitation inspection had expired and there was no documentation of the secretary of state report. The Administrative Specialist would send the application back to the Director/Licensee and the Director/Licensee would not make the corrections. -There was no documentation the Director/Licensee submitted an application for a change of licensure for this facility.</p> <p>Interviews on 12/2/22 and 12/5/22 with the Director/Licensee revealed: -She acknowledged clients #1, #2 and #3 had no documented developmental disability diagnosis. -She did get a letter of support from the LME/MCO in October 2022. -She spoke with a "fill in" or "temporary (temp)" staff at DHSR main office about making changes to her license. -The "temp" or "fill in" staff told her "that I needed</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>to renew my license for 2023 and then make changes to that license once I renewed the license." -She tried to renew her license through the Enterprise System, however she had issues with the renewal process. -She was informed she could not renew due to her sanitation inspection not being current. She was also informed the secretary of state information for her facility was not correct. Another time she thought her renewal did not go through because she attached the letter of support. -Every time she tried to renew through the Enterprise System she would get the application back informing her that there was some type of error. -She never sent an application to the DHSR section to make changes to her license in order to change the facility from a 5600C to a 5600A. -She confirmed the facility failed to operate within the scope of the license.</p> <p>Review on 12/6/22 of a Plan of Protection written by the Qualified Professional dated 12/6/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The staff member without the necessary training on 12/9/22. [Qualified Professional] will contact North Carolina Department of Health and Human Services (NCDHHS) to obtain information regarding the status of renewal of Melody House licensure and what is needed to complete the changing of the license. Legal guardians and consumer's will be notified of possible changes. Describe your plans to make sure the above happens. [Qualified Professional] will provide training for staff member on this week and ensure all staff have received training. [Qualified</p>	V 289		

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V 289	<p>Continued From page 8</p> <p>Professional] will contact North Carolina Department of Health and Human Services (NCDHHS) to complete process for license renewal and new application."</p> <p>This deficiency has been cited 7 time since the original cite on 2/8/19.</p> <p>The facility served clients whose diagnoses included: Schizoaffective Disorder, Schizophrenia, Diabetes, Nephrogenic Diabetes Insipidus, Coronary Artery Disease, Nonrheumatic Aortic Valve Insufficiency, Ascending Aortic Aneurysm, Hypertension and Hyperlipidemia. The facility was previously cited on 8/24/22 for not meeting the scope of the program due to clients residing at the facility not having a diagnosis of a Developmental Disability. The facility was cited for not meeting the scope of the program multiple times since 2/8/19. The Director/Licensee received a letter of support from the LME/MCO on October 10, 2022. The Director/Licensee never submitted an application to the DHSR/MHL & C section in order to change her license from a 5600 C to a 5600 A. Facility staff #2 worked alone in the facility and failed to have documentation of training to meet the needs of the clients. This deficiency constitutes an Imposed Type B rule violation which is detrimental to the health, safety, and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure to correct for each day the facility is out of compliance beyond the 45th day.</p>	V 289		