

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/05/2023
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NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
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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, complaint and follow up survey was completed on January 5, 2023. The complaint was unsubstantiated (intake # NC00196040). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JAN 20 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p>	V 114	<p>V114</p> <p>There were misquotes noted in the POC. QMD emailed the surveyor and supervisor to of these discrepancies (attached email). No response was received.</p> <p>The drills were completed on rotating shift quarterly.</p> <p>Shift's are identified in ESUCP Policy (attached).</p> <p>The surveyor is citing ESUCP on not completing the drills on the weekends. It was never said that drills are not conducted on the weekends. Drills are able to be conducted on any day of the week, but on rotating shifts in order to assure residents and staff are prepared for an emergency at any time and on any day.</p> <p>Every ESUCP home has a different schedule based on the resident's needs. This schedule may change based on the residents need which is why a set shift was identified (please see attached policy).</p>	1/17/23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Leslie Flowers, Snr. QM Director

TITLE

(X6) DATE

1/17/23

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V 114	<p>Continued From page 1</p> <p>Reviews on 1/03/23 and 1/04/23 of the facility's fire and disaster drill documentation January 2022 - December 2022 revealed:</p> <ul style="list-style-type: none"> - Shift hours were identified as weekdays 6:00 am - 2:00 pm, 2:00 pm - 10:00 pm, 10:00 pm - 6:00 am; and Saturday and Sunday 8:00 am - 8:00 pm, and 8:00 pm - 8:00 am. - No fire or disaster drills documented for 8:00 am - 8:00 pm weekend shift for entire year. - No fire or disaster drills documented for 8:00 pm - 8:00 am weekend shift for the second quarter (April - June) or the third quarter (July - September). - No fire or disaster drills documented for 6:00 am - 2:00 pm weekday shift for the fourth quarter (October - December). <p>During interview on 1/03/23 staff #5 stated fire and disaster drills were conducted monthly.</p> <p>During interviews on 12/21/22 and 1/04/23 the Director stated:</p> <ul style="list-style-type: none"> - The facility's shifts were: Monday through Friday, 8:00 am - 4:00 pm, 4:00 pm - 12:00 midnight; and 12:00 midnight - 8:00 am; and Saturday and Sunday 8:00 am - 8:00 pm, and 8:00pm - 8:00 am. -The same staff worked both the weekday shifts and the weekend shifts. <p>During interview on 1/04/23 the Licensee's Quality Management Director stated:</p> <ul style="list-style-type: none"> - Drills were not required for the weekend 12 hour shifts because the same staff worked the weekend and weekday shifts. - Shift hours as defined by policy were 6:00 am - 2:00 pm; 2:00 pm - 10:00 pm; and 10:00 pm - 6:00 am. 	V 114		

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V 118	Continued From page 2	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	Residential RN will complete medication training with staff.	2/1/23

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications administered were recorded on each client's Mar immediately after administration affecting 3 of 3 current clients (#1, #2, and #3). The findings are:</p> <p>Review on 12/21/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 32 year old male admitted 5/01/20. - Diagnoses included Intellectual/Developmental Disability, moderate; Autism Spectrum Disorder; Tourette's Syndrome; Intermittent Explosive Disorder; hypertension; and Diabetes. - Physician's orders signed and dated 6/12/19 and 9/09/22: benazepril (high blood pressure) 20 mg (milligrams) 1 tablet twice daily; Folic Acid (dietary supplement) 1 mg 1 tablet every morning; guanfacine (high blood pressure and attention deficit hyperactivity disorder) 4 mg one tablet every morning; hydrochlorothiazide (high blood pressure) 12.5 mg 1 capsule twice daily; Metformin (diabetes) 1000 mg 1 tablet twice daily; paliperidone (anti-psychotic) 9 mg 1 tablet every morning; sertraline (anti-depressant) 100 mg 1 tablet at bedtime. - Physician's order signed and dated 9/24/21 and 9/09/22: check blood sugar once daily prior to breakfast. <p>Review on 12/21/22 of client #1's MARs for October - December 2022 revealed:</p> <ul style="list-style-type: none"> - Transcriptions for medications as ordered. - The following blanks: benazepril 8:00 pm 10/12/22 and 7:00 am 10/23/22. blood sugar check 10/23/22 Folic Acid 10/23/22 guanfacine 10/23/22 hydrochlorothiazide 8:00 pm 10/12/22, 7:00 am 	V 118		

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V 118	<p>Continued From page 4</p> <p>10/23/22 Metformin 8:00 pm 10/12/22, 7:00 am 10/23/22 paliperidone 10/23/22 sertraline 10/12/22 - No documented explanation for the blanks.</p> <p>During interview on 1/04/23 client #1 stated he took his medication every day with staff assistance, in the morning and at night, and had never missed any doses.</p> <p>Review on 12/21/22 of client #2's record revealed: - 25 year old male admitted 5/01/19. - Diagnoses included Intellectual/Developmental Disability, profound; Autism Spectrum Disorder with language impairment; Other Persistent Mood (affective) Disorder. - Physician's order signed and dated 4/01/22 and 9/09/22: montelukast (asthma) 10 mg 1 tablet every evening. - Physician's orders signed 4/04/22 and 9/09/22: clonidine (high blood pressure) 0.2 mg 1 tablet at bedtime; Latuda (anti-psychotic) 120 mg 1 tablet every morning with food; quetiapine (anti-psychotic) 100 mg 1.5 tablet (150 mg) every morning. - Physician's orders signed and dated 5/01/19 and 9/09/22: lamotrigine (mood stabilizer) 100 mg 3 tablets (300 mg) every morning; lamotrigine 100 mg 4 tablets (400 mg) at bedtime; and levetiracetam (seizures) 750 mg 1 tablet twice daily.</p> <p>Review on 12/21/22 of client #2's MARs for October - December 2022 revealed: - Transcriptions for medications as ordered. - The following blanks: clonidine 10/12/22 lamotrigine 300 mg 10/23/22</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>lamotrigine 400 mg 10/12/22 Latuda 10/23/22 levetiracetam 8:00 pm 10/12/22 and 7:00 am 10/23/22 montelukast 10/12/22 quetiapine 10/12/22 sertraline 10/23/22 - No documented explanation for the blanks.</p> <p>Client #2 was non-verbal and unable to meaningfully participate in an interview.</p> <p>Review on 12/21/22 of client #3's record revealed: - 45 year old male admitted 6/15/10. - Diagnoses included Autism Spectrum Disorder with language impairment; Intellectual/Developmental Disability, profound. - Physician's order signed and dated 3/03/22 for trazodone (anti-depressant) 50 mg 1/2 tablet every evening. - Physician's orders signed and dated 3/13/19 and 9/19/22 for buspirone (anti-anxiety) 5 mg 1 tablet twice daily.</p> <p>Review on 12/21/22 of client #3's MARs for October - December 2022 revealed: - Transcriptions for medications as ordered. - The following blanks: buspirone 8:00 pm 10/12/22 trazodone 10/12/22 - No documented explanation for the blanks.</p> <p>Client #3 was non-verbal and unable to meaningfully participate in an interview.</p> <p>During interview on 1/04/23 staff #4 stated she administered medications on weekends when she filled in for residential staff; medications were always available.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>During interview on 1/03/23 staff #5 stated she administered medications on weekends and they were always available.</p> <p>During interview on 1/06/23 staff #6 stated she administered medications and they were always available.</p> <p>During interview on 12/21/22 the Director stated: - Client #1's glucometer "was not working" one day in November and they were able to get a new one from the pharmacy. - The facility used an electronic MAR platform. - She could not explain the blanks on the October MARs.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 12/21/22 at approximately 11:27 am revealed: - A nail sticking through the upholstery on the dining room chair closest to the front window.</p>	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> - The stove exhaust hood was rusty and there was no light bulb in the socket. - The lower right side of the dishwasher was rusty. - There was no cover on the kitchen ceiling light fixture. - A pronounced dip in the floor from the kitchen into the hallway. - The air return grate under the stairs was heavily dusty. - Client #3's bathroom had damage to the baseboard by the shower stall. - Organic matter in client #2's ceiling light fixture. - The blind in the front window of client #2's bedroom had broken slats. - Smudges on the wall beside client #2's bed. - Client #2's bedroom door was broken at the top corner. - Client #1's front window blind was broken. - Damage to client #1's bedroom door frame. - Client #1's bedroom ceiling fan had no blades. - There was no knob on client #'s closet door. - The fixtures in the second floor hall bath tub were not flush to the tub wall. - A pronounced dip in the floor at the bathtub in the second floor hall bath. - The second floor hall bath toilet tank lid did not properly fit the tank. - The vinyl finish on the loveseat and sofa in the living room was peeling. - Particulate matter and small brown stains on the stairs. <p>During interviews on 12/21/22 and 1/04/23 the Director stated repairs to the facility were ongoing; the floor was being replaced. She would ensure the items cited were addressed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observations between 11:27 am and 11:45 am 12/21/22 revealed:</p> <ul style="list-style-type: none"> - Hot water in the second floor hall bath tub was 124 degrees Fahrenheit; hot water temperature in the second floor hall bath sink was 122 degrees Fahrenheit. - Hot water in client #3's bathroom was 122 degrees Fahrenheit in the sink and 120 degrees Fahrenheit in the shower. <p>During interview on 1/04/23 the Director stated the water temperature was adjusted at the water heater on 12/21/22.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		

Heather Humphrey-Greer

From: Leslie Flowers
Sent: Wednesday, January 11, 2023 11:36 AM
To: Gloria.Locklear@dhhs.nc.gov
Cc: connie.anderson@dhhs.nc.gov; Denise Mannon
Subject: FW: DHSR-Mental Health survey results for Camelot Supervised Living, MHL: 074-230, FID: 061112
Attachments: 074-230_2567_1-05-23.pdf; 074-230_2567L_1-05-23.pdf; 074-230_2567B_1-05-23.pdf; 631.2 Drills.doc

Good morning – we received the attached from the most recent survey completed at Camelot.

There are incorrect quotes documented on the review.

The times identified as “Shift Hours” or “Weekend Shift” is actually this home’s schedule that changes based on residents needs and staffing.

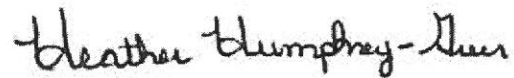
I did not say drills are not required for the weekend 12 hour schedule. The shifts identified in policy are applicable to all staff on every day. They must adhere per regulation to rotating shifts quarterly.

Attached is ESUCP Policy based on rule and regulation.

Leslie Flowers
Senior Quality Management Director
Easterseals UCP North Carolina & Virginia
Mobile 919-623-3602
CliftonStrengths: Relator | Self-Assurance | Includer | Woo | Connectedness

From: Heather Humphrey-Greer <heather.humphrey-greer@eastersealsucp.com>
Sent: Wednesday, January 11, 2023 11:02 AM
To: Tomeka Savage <tomeka.savage@eastersealsucp.com>; Kelley Weekley <kelley.weekley@eastersealsucp.com>; Leslie Flowers <leslie.flowers@eastersealsucp.com>
Subject: FW: DHSR-Mental Health survey results for Camelot Supervised Living, MHL: 074-230, FID: 061112

FYI



Heather Humphrey-Greer
Licensing & Regulatory Coordinator
Department of Quality Management & Compliance

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919.452.8910 (Cell)
910.794.1036 (Fax)
heather.humphrey-greer@eastersealsucp.com

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Policy:

Easterseals UCP will conduct regular drills in its licensed and residential settings (with the exception of licensed foster homes) to assure the safety and well-being of people supported in those environments.

Purpose:

To assure that people served by ESUCP are supported to be safe in the environments in which they live or frequent.

Procedure:

The following ESUCP programs are required to conduct regular drills according to the prescribed timeframes. Specific protocols for each drill are listed below.

- **Group Homes**
Per 10A NCAC 27G .0207 and VA Code fire and disaster drills in a 24 hour facility shall be held at least quarterly and shall be repeated for each shift documenting the length of time for the completion of the drill.
“Shift” is identified as: 1st shift – 6am-2pm; 2nd Shift – 2pm-10pm; 3rd Shift – 10pm-6am.
- **Child Care Centers**
Per 10A NCAC 09.1302 and Child Care Rule .0605(s) and .0302(d)(8) child care centers must conduct a shelter-in-place or lockdown drill at least every three months. They must keep a record that includes the date of each drill, time of day, the length of time to reach the designated location and the signature of the person conducting the drill.
- **Adult Day Vocational Programs (ADVP) and Psychosocial Rehabilitation Program (PSR)**
- **Facility-Based Crisis Services (START)**
Per 10A NCAC 27G .0207 fire and disaster drills in a 24 hour facility shall be held at least quarterly and shall be repeated for each shift documenting the length of time for the completion of the drill.
- **Licensed Alternative Family Living Homes (AFL)**
Per 10A NCAC 27G .0207 fire and disaster drills in a 24 hour facility shall be held at least quarterly and shall be repeated for each shift documenting the length of time for the completion of the drill.

For home and community based services provided outside of an ESUCP location, the following are recommended as a source of discussion in the home.

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Child Care Centers:

Fire Drills

Child care centers must conduct one fire drill each month at unexpected times and under varying conditions. Effective October, 2015, drills must be documented on the *Emergency Drill Log & Report – Child Care Centers* form – Fire Drill Log section. At least one drill per year should be conducted during naptime. Reports are to be faxed to the QM/SD Specialist monthly with the original maintained at the center for inspection by the Division of Child Development and Early Education (DCDEE) consultant. The report must contain the following information:

- Date
- Time of drill
- Time required to evacuate
- Number of people evacuated (children / adults)
- Method of notification
- Weather conditions
- Condition simulated / problems
- Signature of person conducting drill

Shelter-In-Place or Lockdown Drills

Child care centers must conduct a shelter-in-place or lockdown drill, as defined by 10A NCAC 09.0102, at least every three months. The center must keep a record that includes the date of each drill, time of day, the length of time to reach the designated location and the signature of the person conducting the drill. Effective October, 2015, drills must be documented on the *Emergency Drill Log & Report – Child Care Centers* Shelter-in-Place or Lockdown Drill Log section. Reports are to be faxed to the QM/SD Specialist monthly with the original maintained at the center for inspection by the DCDEE consultant.

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Group Homes, Facility Based Crisis Services, Licensed AFL's, Adult Day Vocational Programs (ADVP) and Psychosocial Rehabilitation Program (PSR)

Fire Drills

Fire drills must be conducted monthly as prompted by the month-by-month ESUCP Drill Report, unannounced to staff and individuals receiving services, and at varied times throughout the service day. Individuals should be escorted to one of two identified safe zones (with an alternate) a minimum of 50 feet from the service site. Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for. No one may reenter the service area until cleared to do so by the designated employee.

Fire Drills for Group Home and Residential Settings

In addition to the requirements listed above for Fire Drills, group home and residential settings must also complete and document one drill per shift per quarter. "Shift" is identified as: 1st shift – 6am-2pm; 2nd Shift – 2pm-10pm; 3rd Shift – 10pm-6am.

At least one drill per quarter should be conducted during overnight hours. Drills may be scheduled to create minimal sleep disruption but should be avoided at times when staff numbers are greater than typical for that shift.

Disaster/Emergency Drills (Tornado, External Threat, and Evacuation):

Disaster/Emergency Drills shall be conducted monthly as prompted by the month-by-month ESUCP Drill Report, unannounced to staff and individuals receiving services, and at varied times throughout the service day. The following are considered Disaster/Emergency Drills:

Tornado Drills

Once a Tornado Drill is initiated individuals should be escorted to a safe zone in the center of the facility away from windows and doors and encouraged to sit with their heads protected and towards a wall. Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for. During the drill the designated employee should review safety protocols for what to do in the event there is a tornado while individuals are away from home.

External Threat/Security Drills

External threat is a threat other than fire or natural disasters, such as break-ins; workplace violence and bomb threats. Because evacuation is covered elsewhere, this section deals specifically with those threats that require additional site security. Administrative office safety drills should be conducted annually. The drill is considered completed when all individuals and staff are escorted to a safe zone in the center of the facility away from windows and doors. During the drill, doors and windows should be locked where possible without endangering the safety of those within. Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for.

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Evacuation Drills

An Evacuation Drill should be conducted quarterly. An evacuation could occur when there is a natural disaster in which individual's should be removed from the location. Should an evacuation be required, reference your site specific Disaster and Evacuation Plan located on IMPACT/QM/Safety and Assurances/Disaster Plans for ESUCP Facilities.

The drill is considered complete when all individuals and supplies are in the identified secure location. The following supplies should be accounted for::

- Medications, if applicable;
- Active service records and Medication Administration Records;
- Food & water supply for 3 days, minimum;
- First Aid Kit;
- Valid photo identification for all persons, including staff;
- Emergency contact numbers for persons served and staff;
- Battery powered radio, flashlight and extra batteries;
- Cell phone; and Company credit card.

Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for

Reporting & Corrective Actions

Drills will be uploaded into Welligent.

Drills will be tracked and reviewed for compliance monthly by the licensing Coordinator.

Staff who fail to comply with drill requirements will be subject to disciplinary action by the appropriate leader.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 10, 2023

Heather Humphrey-Greer
Easter Seals UCP North Carolina & Virginia, Inc.
5171 Glenwood Avenue, Suite 211
Raleigh, NC 27612

See Attached Plan of Correction (POC) +
Supplemental Documentation

Re: Annual, Complaint & Follow Up Survey completed 1/05/23
Camelot Supervised Living, 108 Guinevere Lane, Greenville, NC 27858
MHL # 074-230
E-mail Address: heather.humphrey-greer@eastersealsucp.com;
tomeka.savage@eastersealsucp.com
Intake #NC00196040

Dear Ms. Humphrey-Greer:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed January 5, 2021. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that one of the deficiencies is now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is February 4, 2023.
-

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 10, 2023
Camelot Supervised Living
Easter Seals UCP North Carolina & Virginia, Inc.

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 6, 2023.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
[DHSR Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)
Joy Futrell, CEO, Trillium Health Resources LME/MCO

January 10, 2023
Camelot Supervised Living
Easter Seals UCP North Carolina & Virginia, Inc.

Fonda Gonzales, Director of Quality Management, Trillium Health Resources
LME/MCO
Pam Pridgen, Administrative Supervisor



NC DEPARTMENT OF
**HEALTH AND
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MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

January 13, 2023

Heather Humphrey-Greer
Easter Seals UCP North Carolina & Virginia, Inc.
5171 Glenwood Avenue
Suite 211
Raleigh, NC 27612

RE: Informal Conference Response
Elizabeth Group Home, 1015 Elizabeth Drive, Dallas, NC 28034
MHL #036-068
E-mail Address: heather.humphrey-greer@eastersealsucp.com

Dear Ms. Humphrey-Greer:

The Division of Health Service Regulation, Mental Health Licensure Branch appreciates your staff taking the time to meet with our staff on December 4, 2023, to discuss the April 12, 2022 and August 5, 2022 survey findings for Elizabeth Group Home.

We reviewed the information you provided during the meeting and the corrective actions taken by your agency. Our decision is outlined below.

- The Type A1 uncorrected violation in 10A NCAC 27D .0304 Client Rights (V512) is upheld.
- The Type A1 uncorrected administrative penalty is reduced from \$114,500.00 to \$5856.48.

You requested that we consider training already conducted in lieu of a penalty. In addition to the information you provided at the meeting, you submitted information on the training that was completed, staff attendance report, resumes of the trainers and cost analysis which came to a total of \$5856.48. This training was approved by Wendy Boone, Assistant Section Chief on January 11, 2023 pursuant to NCGS 122C-24.1.

Therefore, in accordance with NCGS §122C-24.1, in lieu of making payment to the state, the penalty amount of \$5856.48 will be applied to staff training already conducted.

Once our agency has received notice from the Office of Administrative Hearings that the formal appeal has been dismissed, the above decision and agreement can be implemented.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 13, 2023
Elizabeth Group Home

Easter Seals UCP North Carolina & Virginia, Inc.

By accepting the above decision, you agree to waive your right to a formal appeal of the original penalty in the event you should become responsible for the original penalty through non-compliance with the above terms.

Please sign at the bottom of this letter to indicate your agreement. Send the signed original back to the mailing address below ATTN: Wendy Boone, Assistant Section Chief within ten (10) days of the date of this letter and keep a copy for your records.

If you have questions regarding this decision, please do not hesitate to contact Wendy Boone, Assistant Section Chief at 252-568-2744.

Sincerely,

Robin Sulfridge by wmb

Robin Sulfridge, Chief
Mental Health Licensure & Certification Section

I agree to the decision above.

Licensee Name (printed):

Leslie Flowers, Snr. QM Director

Facility Name (printed):

Elizabeth Group Home

Authorized Signature:

Leslie Flowers, Snr. QM Director

Date: 1/13/23

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
specialassistanceadmin@dhhs.nc.gov, DAAS
Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid
accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent
QM@partnersbhm.org
Angela Karchmer, Director, Gaston County DSS
Cindy Koempel, MH Program Manager DSOHF
Pam Pridgen, Administrative Supervisor



NC DEPARTMENT OF
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ROY COOPER • Governor
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MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

January 5, 2023

Heather Humphrey-Greer
Easter Seals UCP North Carolina & Virginia, Inc.
5171 Glenwood Ave., Suite 211
Raleigh, North Carolina 27612

RE: Informal Conference Response
Park Vista Group Home, 38 Thomas Park Drive, Waynesville, NC 28786
MHL #044-053
E-mail Address: heather.humphrey-greer@eastersealsucp.com

Dear Ms. Humphrey-Greer:

The Division of Health Service Regulation, Mental Health Licensure Branch appreciates your staff taking the time to meet with our staff on October 11, 2022, to discuss the July 18, 2022 survey findings for Park Vista Group Home.

We reviewed the information you provided during the meeting and the corrective actions taken by your agency. Our decision is outlined below.

- The Type A1 violation in 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) is upheld.
- The Type A1 administrative penalty is reduced from \$1000.00 to \$500.00.

In accordance with NCGS §122C-24.1, the reduced penalty amount of \$500.00 is to be used to conduct staff training in lieu of making payment to the state. The training must be specific to the violation cited and must be approved by our agency prior to the delivery of the training.

To obtain approval of the training, please submit the following to Wendy Boone, Assistant Section Chief at the mailing address below for approval.

- Resume, curriculum vitae, or other comparable information of trainer.
- Proposed curriculum; including all content of training. Submitting an outline only is not sufficient.

If this agency does not receive written documentation regarding the completion of the above stated training from you within six (6) months of the date of this letter you will be responsible for payment of the original penalty of \$1000.00 levied against Easter Seals UCP North Carolina & Virginia, Inc. during the survey completed July 18, 2022.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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1/5/2023

Park Vista Group Home

Easter Seals UCP North Carolina & Virginia, Inc.

By accepting the above decision, you agree to waive your right to a formal appeal of the original penalty in the event you should become responsible for the original penalty through non-compliance with the above terms.

Please sign at the bottom of this letter to indicate your agreement. Send the signed original back to the mailing address below ATTN: Wendy Boone, Assistant Section Chief within ten (10) days of the date of this letter and keep a copy for your records.

If you have questions regarding this decision, please do not hesitate to contact Wendy Boone, Assistant Section Chief at 252-568-2744.

Sincerely,



Robin Sulfridge, Chief
Mental Health Licensure & Certification Section

I agree to the decision above. I understand that if I fail to comply with the above terms, I will be responsible for payment of the original penalty levied against me and I waive my right to appeal said penalty.

Licensee Name (printed):
Leslie Flowers, Snr. QM Director

Facility Name (printed):
Park Vista Group Home

Authorized Signature:
Leslie Flowers, Snr. QM Director

Date: 1/13/23

Cc: dhsreports@dhhs.nc.gov, DMH/DD/SAS
specialassistanceadmin@dhhs.nc.gov, DAAS
Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid
accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent
dhhs@vayahealth.com
Gayla Jones, Director, Haywood County DSS
Pam Pridgen, Administrative Supervisor