Division of Health Service Regulation											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
MHL020-025		B. WING		12/21/2022							
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DHCG - Mental Hooks								
19 HOLLOWAY DRIVE											
GUTIERREZ HOME MARBLE, NC 28905											
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE						
V 000	O INITIAL COMMENTS  An annual survey was completed on December 21, 2022. A deficiency was cited.		V 000	The Unsupervised Tim assessment measu	- 11111/23						
			V290	a variety of war	15						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  The facility is licensed for 2 and currently has a census of 1 client. The survey sample consisted of an audit of 1 current client.			that a client ca have unsupervis	ed						
				time. The form of							
				this consumer was specific unchange	În						
V 200			V 290	clarifing that ti	me						
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF		V 230	within the nome	2						
	10A NCAC 27G .5602 STAFF  (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)			with AFL still on'	the						
	of this Rule shall be determined by the facility to enable staff to respond to individualized client			property but not eyesight.							
	needs.  (b) A minimum of one staff member shall be			all professionals use trained on 1/11/	0111						
	present at all times when any adult client is on the premises, except when the client's treatment or			to assure that	aCC						
	capable of remaining	ments that the client is in the home or community		forms are specific	as						
	as needed but not les	The plan shall be reviewed is than annually to ensure		In when time alon	le is						
		be capable of remaining in ity without supervision for me		used and under we circumstances. J	-f						
	(c) Staff shall be pres	sent in a facility in the atios when more than one		time alone is with	nout						
	child or adolescent cl			Staff being on pro professionals u	sperty.						
	of one staff present for	be served with a minimum or every five or fewer minor		professionals u	oill or						
	present during sleepi	rever, only one staff need being hours if specified by the		be responsible for assuring time ale	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	the governing body; of	procedures determined by		is reflected in the I	30						

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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ 12/21/2022 MHL020-025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19 HOLLOWAY DRIVE **GUTIERREZ HOME** MARBLE, NC 28905 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 290 V 290 | Continued From page 1 children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2)the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 1 of 1 audited client (Client #1). The findings are: Review on 12/21/22 of Client #1's record revealed: -Admission date December of 2012. -Diagnoses of Intellectual Developmental Disability, Severe; Legally Blind, Down Syndrome, Hearing Impairment, Hypothyroidism, Hyperglycemia, Hyperlipidemia, and Retinitis Pigmentosa.

Division of Health Service Regulation

Review on 12/21/22 of an "Unsupervised Time

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ 12/21/2022 MHL020-025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 19 HOLLOWAY DRIVE **GUTIERREZ HOME** MARBLE, NC 28905 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 290 V 290 Continued From page 2 Assessment" for Client #1 dated 3/11/22 revealed: -At home assessment questions included, but was not limited to: -"...Can the individual dial 911?...Is the individual able to read emergency phone numbers from a list?...Using pictorial icons could the individual differentiate between police, hospital and fire?...Is the individual able to safely prepare meals/use appliances appropriately?...Does the individual remember things (i.e. turning off oven, locking doors)?...." -"[Client #1] is at risk for being taken advantage of or being easily persuaded into things. This will limit unsupervised time." -"Amount of Unsupervised Time: 1 hour" completed by the Qualified Professional (QP). -There was no indication the unsupervised time assessment was to evaluate the client's capability to have alone time in their room. Review on 12/21/22 of Client #1's most recent "Person-Centered Profile" dated 6/8/22 revealed: -There were no goals and strategies regarding the client's capability of remaining in the home or community unsupervised. Interview on 12/20/22 with Client #1 revealed: -She was difficult to understand and said "yeah" to most questions. -It was unable to be determined if the client was understanding surveyor's questions. Interview on 12/21/22 with the AFL Provider revealed: -Client #1 had been with her for approximately 20 -She had never left Client #1 alone at home or in community and she never would.

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		MHL020-025	B. WING		12/21/2022						
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V 290	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 290								

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