

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/21/2023
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS BOOTH ROAD GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 130 BOOTH ROAD CHAPEL HILL, NC 27516
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on February 21, 2023. The complaint was substantiated (intake #NC00198344). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure records were completed for five of five audited clients (#1, #2, #3, #4, #5). The findings are:</p> <p>Review on 2/16/23 of Client #1's record revealed: -Admission date of 10/1/08. -Diagnoses of Schizophrenia; Chronic obstructive pulmonary disease. -There was not a record for Client #1. -Client #1 did not have documentation on site that included: A face sheet, documentation on mental illness, documentation of screenings and assessments, treatment plan, emergency information, documentation of services provided, a signed statement for the client or legally person</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>granting permission to seek emergency care.</p> <p>Review on 2/16/23 of Client #2's record revealed: -Admission date of 10/1/08. -Diagnoses of Chronic Schizophrenia. -There was not a record for Client #2. -Client #2 did not have documentation on site that included: A face sheet, documentation on mental illness, documentation of screenings and assessments, treatment plan, emergency information, documentation of services provided, a signed statement for the client or legally person granting permission to seek emergency care.</p> <p>Review on 2/16/23 of Client #3's record revealed: -Admission date of 12/8/08. -Diagnoses of Schizophrenia. -There was not a record for Client #3. -Client #3 did not have documentation on site that included: A face sheet, documentation on mental illness, documentation of screenings and assessments, treatment plan, emergency information, documentation of services provided, a signed statement for the client or legally person granting permission to seek emergency care.</p> <p>Review on 2/16/23 of Client #4's record revealed: -Admission date of 2/24/22. -Diagnoses of Paranoid Schizophrenia. -There was not a record for Client #4. -Client #4 did not have documentation on site that included: A face sheet, documentation on mental illness, documentation of screenings and assessments, treatment plan, emergency information, documentation of services provided, a signed statement for the client or legally person granting permission to seek emergency care.</p> <p>Review on 2/16/23 of Client #5's record revealed: -Admission date of 10/1/08.</p>	V 113		

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V 113	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Diagnoses of Schizoaffective Disorder, Depressed Type. -There was not a record for Client #5. -Client #5 did not have documentation on site that included: A face sheet, documentation on mental illness, documentation of screenings and assessments, treatment plan, emergency information, documentation of services provided, a signed statement for the client or legally person granting permission to seek emergency care. <p>Interview on 2/16/23 with the House Manager revealed:</p> <ul style="list-style-type: none"> -New management company had asked for all of the client's records. -All of the client's records were sent to the management office's main office. -He did not know if they were going to get the client's records back. -He had heard that all records were going to be electronically. -He had no access to client's electronic files. -The only thing he was able to do was to put in progress notes electronically. <p>Interview on 2/21/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Facility changed management company last year around February. -New management company had asked for all of the client's records. -Management company were to scan all the client's records and create electronic files for each. -Management company had not created the electronic files. -He acknowledged the facility failed to maintain records for clients on site. 	V 113		

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V 290	Continued From page 4	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor 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; or</p> <p>(2) 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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to assess a client's capability of having unsupervised time in the community and being at the home without supervision affecting five of five current clients (#1, #2, #3, #4 and #5). The findings are:</p> <p>Review on 2/16/23 of Client #1's record revealed: -Admission date of 10/1/08. -Diagnoses of Schizophrenia; Chronic obstructive pulmonary disease. -There was no documentation that client #1 had been assessed for capability of having unsupervised time at home or in the community without supervision.</p> <p>Review on 2/16/23 of Client #2's record revealed: -Admission date of 10/1/08. -Diagnoses of Chronic Schizophrenia. -There was no documentation that client #2 had been assessed for capability of having unsupervised time at home or in the community without supervision.</p> <p>Review on 2/16/23 of Client #3's record revealed: -Admission date of 12/8/08. -Diagnoses of Schizophrenia. -There was no documentation that client #3 had</p>	V 290		

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V 290	<p>Continued From page 6</p> <p>been assessed for capability of having unsupervised time at home or in the community without supervision.</p> <p>Review on 2/16/23 of Client #4's record revealed: -Admission date of 2/24/22. -Diagnoses of Paranoid Schizophrenia. -There was no documentation that client #4 had been assessed for capability of having unsupervised time at home or in the community without supervision.</p> <p>Review on 2/16/23 of Client #5's record revealed: -Admission date of 10/1/08. -Diagnoses of Schizoaffective Disorder, Depressed Type. -There was no documentation that client #4 had been assessed for capability of having unsupervised time at home or in the community without supervision.</p> <p>Interviews on 2/16/23 with clients #2, #3, #4 and #5 revealed: -They all had unsupervised time both at home or in the community. -They were all allowed to walk unsupervised to the stores. -They were all allowed to be at home unsupervised at times.</p> <p>Interview on 2/16/23 with the House Manager revealed: -All clients had unsupervised time. -He had not been giving client #1 unsupervised time due to recent decline in his health. -All the other clients at the house were able to have 3-4 hours unsupervised time at the house.</p> <p>Interviews on 2/16/23 and 2/21/23 with the Qualified Professional revealed:</p>	V 290		

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V 290	Continued From page 7 -All clients at the house had unsupervised time. -Unsupervised time was noted in their treatment plans. -All old records had been sent to their former management company. -Unsupervised time assessments were inside the records that were sent to previous management company. -There were no records at the house. Main office had the client's records. -New management company had not completed an unsupervised assessment to clients at the facility. -He confirmed the facility failed to assess clients #1, #2, #3, #4 and #5's capability of having unsupervised time in the community and at the house.	V 290		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and	V 367		

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V 367	<p>Continued From page 8</p> <p>identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 2/16/23 of Client #1's record revealed: -Admission date of 10/1/08. -Diagnoses of Schizophrenia; Chronic obstructive pulmonary disease.</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Review on 2/16/23 of Client #2's record revealed: -Admission date of 10/1/08. -Diagnoses of Chronic Schizophrenia.</p> <p>Review on 2/16/23 of Staff #6's personnel record revealed: -Hire date of 2/24/22 (by new management company.) -He was hired as a Habilitation Counselor.</p> <p>Review on 2/16/23 of the House Manager's personnel record revealed: -Hire date of 2/24/22 (by new management company.) -He was hired as a Habilitation Counselor/House Manager.</p> <p>Review on 2/16/23 of the Qualified Professional's personnel record revealed: -Hire date of 2/24/22 (by new management company.) -He was hired as the Facility Director/Qualified Professional.</p> <p>Review on 2/16/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II or III incident reports for the facility for the period of January 1, 2023 to February 16, 2023.</p> <p>Review on 2/21/23 of the facility's accident/incident report form revealed: -Form was dated 1/21/23. -It was completed by staff #6. -Description of incident: "Staff #6 went to wake up [client #1] to take his morning medication. [Client #1] looked disoriented and did not know what was going on. He did not have his clothes on and could not figure out how to put on his pants. The</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>staff helped to dress him. He had blood around his right eye. Staff called 911 and emergency van arrived in about 15 minutes.</p> <p>-[Client #1 usually gets disoriented and this was not his first time. He is diagnosed with a mental health diagnoses. The incident was that [client #1 was disoriented. Staff #6 did not see him fall and non of the residents saw him fall.</p> <p>-The other residents were asleep (4 residents.) The whole night was quiet and staff was pretty awake at night. There was no incident between the residents."</p> <p>-"I have worked with the same clients for about 10 years and they have never been violent to each other, they get along very well. The injury on the eye was never caused by anyone. I suspect he fell in his room when he was disoriented.</p> <p>-[Client #1 also has COPD and he runs low on oxygen as per his diagnostic history. He has or uses inhalers."</p> <p>Interview on 2/16/23 with client #2 revealed:</p> <p>-He did not see client #1 fall, but believed that he may had fallen.</p> <p>-He had seen client #1 earlier and he seemed fine. He later saw him with a black eye.</p> <p>-Client #1 did not talk much.</p> <p>-Client #1 did not say what happened to him.</p> <p>-He was with the staff when they both noticed that client #1 had a black eye. No one else had seen him.</p> <p>-Staff called the ambulance after he saw client #1's eye.</p> <p>Interview on 2/21/23 with Staff #6 revealed:</p> <p>-He was the staff on duty when the incident occurred.</p> <p>-He went to wake client #1 up in the morning since it was time to get his medications.</p> <p>-Client #1 woke up, but seemed disoriented.</p>	V 367		
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V 367	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Client #1 was not wearing any clothes on. He told him to put his clothes on, but he seemed to not comprehend what he was telling him to do. -He was able to help him get his pants on and then proceeded to walk him over to the medication room. That's when he noticed that client #1's eye was red and had some dried blood around his eye. -He then called the House Manager and informed him about client #1's eye. House Manager told him to call 911. -Client #1 did not talk much to him. -Client #1 did not let him know if he had any other injuries. -Client #1 did not seem to complaint about any other injuries. -Client #1 did not have any fights with anyone. They all got along well. -All the other guys at the house were sleeping in their room when he went to wake up client #1. -Client #2 was first one to wake up afterwards and saw client #1 while they were waiting for the ambulance. -Client #1 had a mental health condition. -It was common for him to get disoriented at times. -He completed an incident report and he sent it to the Qualified Professional. He did not do an IRIS report. He believed that Qualified Professional was to put in the report on IRIS. <p>Interview on 2/16/23 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Staff reported that he was not working on day that client #1 went to the hospital. -They had another social worker coming to the house also investigating on what happened to client #1. -He believed that client #1 fell over night inside his bedroom and that's how he may had gotten 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/21/2023
NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS BOOTH ROAD GROU		STREET ADDRESS, CITY, STATE, ZIP CODE 130 BOOTH ROAD CHAPEL HILL, NC 27516		
(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 367	Continued From page 13 injured. -He received a call the morning that client #1 went to the hospital by the house staff at the time. Staff #6 told him that client #1 had a black eye. He told staff #6 to call 911. -Client #1 went to the hospital and had been there ever since. He went to the hospital either on 1/21 or 1/22. -He did not have an incident report. -He believed that the QP made an incident report. Interviews on 2/16/23 and 2/21/23 with the Qualified Professional revealed: -He reported that staff #6 went to wake up client #1 in the morning of the event and that's when he noticed the black eye. -Incident occurred on a Saturday morning. So he believed that client #1 may had fallen inside his room the night between Friday and Saturday morning. Anytime between Friday 8pm to Saturday 8am. -Client #1 went to the hospital on a Saturday. -He had spoken with client #1 that morning and he seemed out of it. Client #1 had been taken to the hospital several times recently, but they did not treat d him, so he did not do any incident reports then. -He reported that staff #6 did an incident report. This report was an inhouse. -Staff #6 was supposed to do the IRIS report. He did not know why it was not made. -He acknowledged the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/21/2023
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS BOOTH ROAD GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 130 BOOTH ROAD CHAPEL HILL, NC 27516
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V 736	<p>Continued From page 14</p> <p>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 observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/16/23 at about 9:20 am of the front door area revealed: -Cigarette butts littered on the floor. -Cigarette butts container seemed to be overflowed and in need to be emptied.</p> <p>Observation on 2/16/23 at about 11:40 am of the Living Room revealed: -Floors needed to be swept as there was visible debris.</p> <p>Observation on 2/16/23 at about 11:43 am of the Dining Room revealed: -Some of the blinds on the sliding door were broken.</p> <p>Observation on 2/16/23 at about 11:45 am of the Kitchen revealed: -Wooded frame from right side of the window was missing.</p> <p>Observation on 2/16/23 at about 11:48 am of the Bathroom with Shower revealed: -Floor inside the shower had dark stains from</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/21/2023
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS BOOTH ROAD GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 130 BOOTH ROAD CHAPEL HILL, NC 27516
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V 736	<p>Continued From page 15</p> <p>possible mold/mildew. -Floor inside of shower had caulk around drainage coming apart.</p> <p>Observation on 2/16/23 at about 11:50 am of the Bathroom with Tub revealed: -Caulk on sides of tub on floor was deteriorated. Missing at some areas and stained black with possible mole/mildew. -Floor inside the tub was stained/dirty. -Toilet was shifted to the left. -Bottom of toilet had caulk missing at some areas and stained black with possible mole/mildew. -Mirror was fading.</p> <p>Interview on 2/16/23 with the House Manager revealed: -Clients are supposed to clean around the house. -He needed to tell the clients what they need to do; otherwise, they would not do it. -Regarding stains on the floor inside the shower and tub. Facility had made some repairs and placed cheap materials on the flooring. -Material was starting to gump up and looked stained. Cheap materials had been used. -He acknowledged that facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		