

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 03/01/2023
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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 follow up survey was completed on March 1, 2023. 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 4. The survey sample consisted of audits of 4 current clients.</p>	{V 000}		3-1-23
{V 289}	<p>27G .5601 Supervised Living - Scope</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 serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	{V 289}	<p>The application for change of licensure was mailed on March 1, 2023. Melody House will contact DSS and Alliance to assist with finding placement for the residents who do not meet criteria</p> <p>DHSR - Mental Health</p> <p>MAR 16 2023</p> <p>Lic. & Cert. Section</p>	

REPRESENTATIVE'S SIGNATURE

B.S. DP

TITLE

3-13-23

(X6) DATE

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{V 289}	Continued From page 1 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; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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). This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate within the scope of the	{V 289}		

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{V 289}	<p>Continued From page 2</p> <p>program developed and designed to provide services for habilitation/rehabilitation, care and supervision affecting two of four clients (#1 and #2). The findings are:</p> <p>a. Review on 2/28/23 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. -No documentation that indicated a diagnosis of a developmental disability.</p> <p>b. Review on 2/28/23 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. -No documentation that indicated a diagnosis of a developmental disability.</p> <p>Review on 2/28/23 of the North Carolina Department of Health and Human Services (NCDHHS) Enterprise System revealed: -There was no documentation the Director/Licensee or Qualified Professional (QP) submitted an application to change the license from a 5600 C to 5600 A.</p> <p>Interview on 2/28/23 with the Administrative Specialist for the Division of Health Service Regulation (DHSR)/Mental Health Licensure & Certification (MHL & C) section revealed: -She checked and didn't see a change of licensure application for Melody House #1, LLC. -She also checked her files in the office and there</p>	{V 289}		

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{V 289}	<p>Continued From page 3</p> <p>was no folder for any type of licensure change for that facility. -She didn't see a change of licensure application as returned or in process for the facility.</p> <p>Interview on 2/28/23 with the QP revealed: -She knew clients #1 and #2 had no documented developmental disability diagnosis. -They started a change of licensure application in December 2022 online after the 12/6/22 survey. -The change of licensure application process was never completed. -"I thought we possibly did the wrong change of licensure application, because the application we did asked for a Certificate of Need (CON)." "We were told we had to wait on your section for the CON to be given." -They were told the Department of Health and Human Services (DHHS) had to give them the CON. -She thought she emailed and/or talked with the Administrative Supervisor about the change of licensure application process after the 12/6/22 survey. -She emailed the Administrative Supervisor on 12/12/22 in reference to the change of licensure application process and the CON. -She didn't think the Administrative Supervisor ever responded to that email. -She didn't see any other correspondence with the Administrative Supervisor via telephone or email. -She confirmed the facility failed to operate within the scope of the license.</p> <p>Interview on 2/28/23 with the Administrative Supervisor for the DHSR/MHL & C section revealed: -She just checked her email on 2/28/23 and did see an email from 12/12/22 from the QP.</p>	{V 289}		
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{V 289}	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The email from the QP inquired about a CON being needed for a licensure change. -She would normally forward those emails to the Administrative Specialist. -The Administrative Specialist processed change of licensure applications and could answer those questions. -She looked at the forwarded emails from 12/12/22 and realized she didn't forward that email to the Administrative Specialist. -She didn't see any other emails or recall speaking with the QP any other times. -There was nothing in the system indicating Melody House #1, LLC submitted a change of licensure application. <p>Interview on 2/28/23 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> -She acknowledged clients #1 and #2 had no documented developmental disability diagnosis. -They started the process to change the license from a 5600 C to 5600 A. -They were told, "they had get some type of number in order to complete the change of licensure application process." -They contacted the Local Management Entity/Managed Care Organization (LME/MCO) and was told they had to get the that number from DHHS. -She thought it was a CON number. -They thought they had to wait on DHHS before the change of licensure application could be completed. -They started the process to change the license from a 5600C to a 5600A on 12/12/22. That was also the day the QP emailed the Administrative Supervisor because she had a question about that CON number. -They could not finish the process because they thought they needed that CON number in order to 	{V 289}		
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{V 289}	<p>Continued From page 5</p> <p>complete the licensure change application. -The licensure change application was never submitted to DHSR to change the facility from a 5600 C to a 5600 A. -She confirmed the facility failed to operate within the scope of the license.</p> <p>Review on 3/1/23 of a Plan of Protection written by the Qualified Professional dated 3/1/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The change of licensure is being submitted on today along with the letter of support. Efforts are being made to assist consumers who do not have the appropriate diagnosis. Describe your plans to make sure the above happens. The plan is to submit the change of licensure application on today. [Name of LME/MCO] and DSS (Department of Social Services) will be contacted to assist Melody House with finding housing for consumer's who do not have the appropriate diagnosis."</p> <p>This deficiency has been cited 8 times since the original cite on 2/8/19.</p> <p>The facility served clients whose diagnoses included: Schizoaffective Disorder, Schizophrenia, Nephrogenic Diabetes Insipidus, Morbid Obesity, Normocytic Anemia, Hypertension and Hyperlipidemia. The facility was previously cited on 12/6/22 for not meeting the scope of the program due to clients residing at the facility not having a Developmental Disability. During the 12/6/22 survey a Failure to Correct Type B was imposed. The facility was cited for not meeting the scope of the program 8 times since 2/8/19. The Director/Licensee never submitted a change of licensure application to the</p>	{V 289}		
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{V 289}	Continued From page 6 DHRSR/MHL & C section in order to change her license from a 5600 C to a 5600 A. This deficiency constitutes a Continued Failure to Correct 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 continues to be imposed for failure to correct within 45 days.	{V 289}		
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