

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 05/19/2023 |
| NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217 | | |
| (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 | INITIAL COMMENTS An annual and follow-up survey was completed on May 19, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Attempted review on 5/18/23 and 5/19/23 of the | V 114 | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| V 114 | Continued From page 1 facility's fire and disaster drills record revealed: -There were no fire and disaster records to review. -The record was not made available. Interview on 5/19/23 with the Paraprofessional revealed: -She conducted fire and disaster drills on each shift at least quarterly. -The Manager had the books and would scan or fax the documents to the surveyor. -The Manager did not provide the fire and disaster drills documents to surveyor upon exit. | V 114 | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for the Qualified Professional. The findings are: Review on 5/18/23 of the QP's personnel record revealed: | V 131 | | |

Division of Health Service Regulation

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| V 131 | Continued From page 2 -No hire date. -There was no evidence the HCPR was accessed prior to employment. Interview on 5/18/23 with the Qualified Professional revealed: -She started working for the company in 2019. -She provided the company with a copy of her HCPR. -She gave the document to the Manager. | V 131 | | |
| V 290 | 27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (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. (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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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 | V 290 | | |

Division of Health Service Regulation

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| V 290 | <p>Continued From page 3</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 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 record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the home and community for three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 5/18/23 of Client #1's record revealed: -Admission date of 8/25/22. -Diagnoses of Mild Intellectual Disability, Unspecified Psychotic Mood Disorder, Intermittent Explosive Disorder, Deafness, Chronic Kidney, Parkinson Disease and Hyperlipidemia. -There was no assessment to determine client's capability of unsupervised time in the home or community.</p> | V 290 | | |

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| V 290 | <p>Continued From page 4</p> <p>Review on 5/18/23 of Client #2's record revealed: -Admission date of 12/21/19. -Diagnoses of Intermittent Explosive Disorder, Schizoaffective Disorder and Mild Developmental Disability. -There was no assessment to determine client's capability of unsupervised time in the home or community.</p> <p>Review on 5/18/23 of Client #3's record revealed: -Admission date of 1/18/23. -Diagnoses of Anxiety Disorder, NOS, Chronic, Diabetes, Hypertension and Degenerative Disease. -There was no assessment to determine client's capability of unsupervised time in the home or community.</p> <p>Interview on 5/18/23 with the Paraprofessional revealed: -She worked as the live-in staff. -Clients had unsupervised time in the home and community. -Clients would walk to the store by themselves. -Clients had two or three hours of unsupervised time. -She would leave clients at home if she needed to run errands.</p> | V 290 | | |