

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2724 MARLIN DRIVE DURHAM, NC 27703</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on July 18, 2023. 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>The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>DHSR - Mental Health</p> <p>AUG 04 2023</p> <p>Lic. &amp; Cert. Section</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

*Jammy C. Hatkey* Director

7-31-23

6899

7NZY11

If continuation sheet 1 of 4

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting one of three audited clients (#2). The findings are:</p> <p>Reviews on 7/14/23 and 7/18/23 of client #2's record revealed: -Admission date of 10/4/21. -Diagnoses of Schizoaffective Disorder-Depressive Type, Inflammatory Bowel Disease, and Iron Deficiency Anemia. -Person Centered Plan (PCP) dated 11/1/22. -The PCP had no written consent or agreement by the client or responsible party.</p> <p>Interview on 7/18/23 with the Qualified Professional revealed: -She sent client #2's guardian an email to get the signature for client #2's plan. -The guardian never replied to her email. -She sent client #2's guardian another email recently and she did not reply to that email either. -She confirmed there was no written consent or agreement by the client or responsible party for client #2.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112	<p>The legal guardian has signed the treatment plan. From this all PCP will be sign if needed by guardians. Director &amp; OP will make sure they are signed.</p>	7-19-23
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V 736	Continued From page 2	V 736		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 interviews, the facility and it's grounds was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 7/14/23 of the facility at approximately 9:30 am revealed: -Kitchen area-There were 2 cabinet doors missing above the stove. One of the drawers to the cabinet below the sink was missing. -Client #1 and #5's shared bedroom- The frame around the window sill was missing. There was a nickel sized hole on the floor by the base board near the door. -Client #3's bedroom- The dresser drawer handles were missing from the two top drawers. -Front door- The storm door handle was missing. -Backyard of the facility- There was a file cabinet, a shopping cart, a clothes dryer, approximately four cardboard boxes and three broken wooden chairs with arms and legs missing off the chairs.</p> <p>Interview on 7/14/23 with staff #1 revealed: -She came over to this facility about 2 months ago after the sister facility closed. -"This home was like this when I came over from the ladies group home." -The Director/Licensee's husband was the maintenance person for the facility.</p>	V 736	<p>The Kitchen cabinet doors will be replaced. 8-7-23</p> <p>The <del>left</del> window frame is now installed. 7-27-23</p> <p>The hole on floor will be repaired. 8-7-23</p> <p>Dresser drawer handles, storm door handle and the debris in the back yard will be removed. 8-7-23</p> <p>As the landlord all maintenance will be address ASAP when notice or aware. Director will be responsible</p>	

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V 736	<p>Continued From page 3</p> <p>-The Director/Licensee's husband was supposed to fix all of the issues at the facility. -She confirmed the facility was not maintained in a safe, clean, attractive, and orderly manner.</p> <p>Interview on 7/14/23 with Program Coordinator revealed: -The Director/Licensee was aware of all the maintenance issues with the facility. -The Director/Licensee's husband was supposed to take care of the maintenance issues with the facility. -She confirmed the facility was not maintained in a safe, clean, attractive, and orderly manner.</p> <p>Interview on 7/18/23 with the Director/Licensee revealed: -"I tried to fix things around house, but wasn't able to complete it." -She made her husband aware of the maintenance issues and was waiting for him to fix everything. -She confirmed the facility was not maintained in a safe, clean, attractive, and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		