

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/25/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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 complaint and follow up survey was completed on July 25, 2023. The complaint was substantiated (Intake #NC00204527). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</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 style="text-align: right;">RECEIVED AUG 21 2023 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

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

[Handwritten Signature]

TITLE

[Handwritten Initials]

(X6) DATE

[Handwritten Date: 8/11/2023]

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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 112	<p>Continued From page 2</p> <p>when he gets frustrated. He has a past of hitting, punching, headbutting and biting...It is recommended that therapists, staff and other care providers implement strategies suggested on a daily and consistent basis. This can be implemented with charts that are clear, simple and directive in which [client #4] can easily follow and interpret..."</p> <p>Review on 07/19/23 of client #4's treatment plan dated 9/15/22 revealed: -No documentation of how the Behavioral Support Plan's goals and strategies were implemented.</p> <p>During interview on 07/20/23 client #4 revealed: -He had lived at the facility since September of last year.</p> <p>During interview on 07/25/23 the Qualified Professional revealed: -The treatment plans were completed by the care coordinators. -She would contact the care coordinators to determine if the information from the Behavior Plans could be added to the treatment plans.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND 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>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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 736	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 07/19/23 at approximately 10:30am revealed:</p> <ul style="list-style-type: none"> -The large window in the kitchen was covered in a thick plastic and was taped along the perimeter. -The window to the left of the fire place was covered in a thick plastic and was taped with duct tape to hold the plastic in place. -The grass on the exterior of the facility was approximately shin high throughout the yard. -The bathroom had a patched area the size of a baseball next to the door. -Client #1's bedroom wall next to the bed had the paint peeled about 3 feet wide and the half the length of the wall. Client #1 had written on every wall in the room from the top to the bottom of each wall. A large hole in the wall was behind the door the size of a small basketball. -Client #3 and client #4's bedroom the curtain rod was bent. -The refrigerator handle on the right door was broken off. <p>During interview on 07/20/23 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The windows for the facility had been ordered. -She would ensure the windows would be installed in the facility. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

Findings	Corrective Measures	Preventive Measures	Responsible Party/ How often	Time Frame
10A NCAC 27G . 0205 ASSESSMENT AND TREATMENT/ HABILITATION OR SERVICE PLAN	During every annual, have Care Coordinator place the use of the BIP in the ISP Plan	During every annual, have Care Coordinator place the use of the BIP in the ISP Plan	Qualified Professional Annually	30 Days
10A NCAC 27G . 0303 LOCATION AND EXTERIOR REQUIREMENTS	Windows have been replaced. Other items, a work order has been completed	Work orders will be completed within 24hrs of damage. Once work order is completed, it will be given to maintenance and there will be a two week turnaround on completion of property damage depending on supplies needed	Lead Staff DSP Office admin	30 Days