

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl096-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/05/2023
NAME OF PROVIDER OR SUPPLIER ASA LIVING I		STREET ADDRESS, CITY, STATE, ZIP CODE 1308 BEN BREWINGTON DRIVE GOLDSBORO, NC 27530		
(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 September 5, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Mental Illness. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to review the treatment plan annually for 2 of 2 current clients (#1 & #2). The findings are:</p> <p>Review on 9/01/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 48 year old male admitted 9/15/09. - Diagnoses included Schizophrenia and Diabetes. - Treatment plan dated 7/29/21. - No updated treatment plan. <p>Review on 9/01/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 65 year old male admitted 9/03/13. - Diagnoses included Intellectual/Developmental Disability, moderate; Hypertension; and Hypercholesterolemia. - Treatment plan dated 7/29/21. - No updated treatment plan. <p>During interviews on 9/01/23 and 9/05/23 Staff #1/Group Home Director stated:</p> <ul style="list-style-type: none"> - The clients' most current treatment plans were written in 2022. - The Qualified Professional (QP) took the 2022 plans to update. <p>During interviews on 9/01/23 and 9/05/23 the QP stated:</p> <ul style="list-style-type: none"> - She had the current treatment plans and was updating them. 	V 112		

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V 112	Continued From page 2 - She would fax the updated treatment plans to the surveyor by 9:00 am on 9/05/23. - She did not recall agreeing to have the updated treatment plans faxed to the surveyor by 9:00 am. During interview on 9/05/23 the Group Home Administrator/Owner/Licensee stated she understood the deficiency and had no additional information to provide. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	Continued From page 3 diagnoses; (3) "C" designation means a facility which 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).	V 289		

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V 289	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to meet licensure scope of Supervised Living for Adults with Mental Illness for 1 of 2 current clients (#2). The findings are:</p> <p>Review on 9/01/23 of the facility's current license issued by the Division of Health Service Regulation (DHSR) revealed the facility was licensed to provide services for adults whose primary diagnosis was mental illness.</p> <p>Review on 9/01/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 65 year old male admitted 9/03/13. - Diagnoses included Intellectual/Developmental Disability, moderate; Hypertension; and Hypercholesterolemia. - No documented diagnosis of mental illness. <p>During interviews on 9/01/23 and 9/05/23 staff #1/Group Home Director stated:</p> <ul style="list-style-type: none"> - He understood the facility was licensed to serve adults with mental illness. - The Licensee had been trying to get a waiver for client #2 "for years." - He would discuss requesting a waiver for client #2 with the Qualified Professional. <p>During interview on 9/05/23 the Group Home Administrator/Owner/Licensee stated she understood the deficiency and had no additional information to provide.</p> <p>This deficiency has been cited 3 times since the original cite on 12/12/19 and must be corrected within 30 days.</p>	V 289		

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V 536	Continued From page 5	V 536			
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536			

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V 536	Continued From page 6 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 7 by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	<p>Continued From page 8</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 3 audited staff (the Qualified Professional (QP)) had training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 9/01/23 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 2/15/14. - No documentation of current training in alternatives to restrictive interventions. <p>During interview on 9/05/23 the QP stated she would make arrangements to take training in alternatives to restrictive interventions; "Is that like PIC (Basic Protective Intervention Techniques) training? Do you know anyone who teaches that right off hand?"</p>	V 536		

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V 536	Continued From page 9 During interview on 9/05/23 staff #1/the Group Home Director stated he understood the requirement for all staff to be trained in alternatives to restrictive interventions. During interview on 9/05/23 the Group Home Administrator/Owner/Licensee stated she understood the deficiency and had no additional information to provide.	V 536			