STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R-	.c
		mhl092-607	B. WING			1/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BI ESSE	D HOME, LLC		CKEN RIDG	E AVENUE		
DLLOGL	D HOME, LEG	RALEIGH	I, NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	on August 31, 2023	low up survey was completed . The complaint was take #NC00205011). ited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 109	27G .0203 Privilegii	ng/Training Professionals	V 109			
	QUALIFIED PROFI ASSOCIATE PROFI (a) There shall be a qualified profession (b) Qualified profes professionals shall and abilities require (c) At such time as employment system then qualified profes professionals shall (d) Competence sh exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin (5) interpersonal skills; (6) communication (7) clinical skills. (e) Qualified profes NCAC 27G .0104 (	ressionals no privileging requirements for als or associate professionals. ssionals and associate demonstrate knowledge, skills d by the population served. a competency-based is established by rulemaking, ssionals and associate demonstrate competence. hall be demonstrated by is including: edge; ess; g; kills;				

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

(X6) DATE TITLE

AND DI AN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R-C	
		mhl092-607	B. WING			1/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BLESSE	D HOME, LLC		CKEN RIDG , NC 27615	E AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 109	employment system MH/DD/SAS.  (f) The governing is develop and impler for the initiation of a plan upon hiring ea (g) The associate is supervised by a quipopulation served f specified in Rule .0	n in the State Plan for body for each facility shall ment policies and procedures an individualized supervision ch associate professional. Professional shall be alified professional with the or the period of time as 104 of this Subchapter.	V 109			
	interview, the facilit Qualified Professio knowledge, skills at population served.  Review on 8/24/23 revealed:  - Hired on 3/18/2  - Job description  - Ensure all Servicurrent state, intervicurent	on, record review and y failed to ensure 1 of 1 former nals (QP) demonstrated the nd abilities required by the The findings are:  of the Former QP's record  3 and resigned on 7/31/23 dated 3/1/18: rice Plans reflect consumers' entions and goals.				

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Division of Health Service Regulation STATE FORM

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R-	_
		mhl092-607	B. WING			1/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BLESSE	D HOME, LLC		CKEN RIDG , NC 27615	E AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 109	9 Continued From page 2		V 109			
		vs on 8/24/23 with the Former sful and voicemails were left.				
	10:30am the House - The House Mairecord to find his tre locate it - He had not see plans - He could not re - The Former QF	d observation on 8/24/23 at e Manager revealed: nager reviewed client #3's eatment plan but could not en any of the clients' treatment ecall any of the clients' goals of did not train him on any of the plane or behaviore.				
	the clients' treatment plans or behaviors - He was made aware of the clients' behaviors when the behaviors happened - The Former QP resigned, and the Licensee hired a new QP					
	reported: - The Former QF new QP started on - The Former QF the House Manage plans and behavior - She was unawa did not know the cli - The Former QF to train the House N supposed to	P was responsible for training r on the clients' treatment s are that the House Manager ents' goals P was not going to the facility Manager like she was have the new QP train the				
V 112		nent/Habilitation Plan	V 112			
	10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN					

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D86S11 If continuation sheet 3 of 7

AND DIAN OF CORRECTION INTERPRETATION NUMBERS					TE SURVEY MPLETED	
			7t. Boilebiito.		R-	.c
		mhl092-607	B. WING			1/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BLESSE	D HOME, LLC		CKEN RIDG , NC 27615	E AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	(c) The plan shall be assessment, and in legally responsible of admission for clir receive services be (d) The plan shall in (1) client outcome (achieved by provisi projected date of action (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evaluation outcome achievem (6) written consent responsible party, or	pe developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: (a) that are anticipated to be on of the service and a chievement; (b) the plan at least ation with the client or legally or both; ation or assessment of	V 112			
	interview, the facilit implement goals ar	et as evidenced by: on, record review and y failed to develop and nd strategies to address the ited clients (#3). The findings				
	- Admitted 8/1/13	of client #3's record revealed: 3 ipolar Disorder, Seizure				

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DIVISION	of Health Service Re	guiation			г	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-	ر ا
		mhl092-607	B. WING		08/31/2023	
11111032-007					00/3	1/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		7005 BRE	CKEN RIDG	E AVENUE		
BLESSE	D HOME, LLC		NC 27615			
	OLIMA AA DV OTA			DDOVIDEDIO DI ANI OE CODDECTIO		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
	0 " 15		37.440			
V 112	Continued From pa	ge 4	V 112			
	Disorder Hypertens	sion, Schizoaffective Disorder,				
	and Type II Diabete					
	<b>5</b> .	n dated 3/19/23: No goals or				
		ss hoarding, noncompliant,				
	and disruptive beha					
		dated 7/10/23: "[client #3]				
		nouse walk up in the middle of				
	,	2am to 2 am open doors and				
		ect me (House Manager) and				
	used abuse words t					
		dated 7/18/23: "if am trying				
		t #3) get annoyed with me				
		aused and abused according				
		ly doesn't concerning me I				
		one. He poop or peed he hid it				
		g my clean up he will not allow				
	me to wash it instea	ad he will call state"				
	ъ	0/04/00 1: 4//0				
		8/24/23 client #3 reported:				
		to sweep, mop, and take out				
	the trash					
		0/04/00 11 4 // 1				
		8/24/23 client #4 reported:				
	- Client #3 "acts	•				
		lanager) tell him to do one				
	thing and he (client	#3) does the opposite"				
		8/24/23 the House Manager				
	reported:					
		him a "hard time"				
		not allow him to assist with				
	anything					
		ed to change his soiled				
		take the clothes off and hide				
	them from staff					
	- He could only "	monitor" client #3 during blood				
		use client #3 refused to allow				
	the House Manager					
		n was "messy" because he				
	liked to "hoard" items in his room					

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STATEMENT OF DEFICIENCIES (X1) PI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 50.25 10.		R-C	
mhl092-607		B. WING 08/31/20				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
BLESSE	D HOME, LLC		CKEN RIDG	E AVENUE		
			NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	.D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 5	V 112			
V 112	- "His (client #3) that all of the time a - Client #3 would night, turn on all the the entrance doors - He wrote progreticensee about clie - Sometimes the about his behaviors  During interview on Licensee reported: - She was aware - Client #3 would room, "fabricate sto facility, refuse assis or refused to chang asked - The House Mar #3's behaviors whe would "talk" with client.	family said he used to do all at home" get up in the middle of the elights in the facility, and open ess notes and told the nt #3's behaviors Licensee talked to client #3 8/24/23 and 8/25/23 the of client #3's behaviors "hoard" various items in his pries" about things in the stance from any staff, and hide the out of soiled clothing when the nager informed her of client in they occurred, and she ent #3 about his behaviors	V 112			
	"untrue" - "[Client #3] will but he needs help of he said they are ab - Other clients co #3's disruptive beha - The clients told #3 telling the House "hurting him (client wasn't doing anythit - The Former Quaresponsible for developlans - She thought the and strategies to ac - She hired a never	omplained to her about client aviors her that they witnessed client a Manager that he was #3)", but the House Manager ng to client #3 ralified Professional (QP) was eloping clients' treatment a Former QP developed goals address client #3's behaviors of QP that started on 8/15/23 have her new QP developed				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	(X3) DATI	COMPLETED			
		mhl092-607	mhl092-607 B. WING			R-C <b>31/2023</b>		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  7005 BRECKEN RIDGE AVENUE RALEIGH, NC 27615								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		

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