Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-626	A. BUILDING: _____ B. WING _____	08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER OF BLESSING MH #4	2727 MARLIN DRIVE DURHAM, NC 27704

(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 survey was completed on August 29, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	10A NCAC 27G.0205 THE QP HAS CREATED AN ASSESSMENT SHEET FOR ALL NEW ADMISSIONS. 9/2/23 ALSO, ASSESSMENTS ON CURRENT CLIENTS WILL BE DONE. IT WILL ALSO ADDRESS ALL POINTS IN (A). 9/15/23	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE RJ TITLE QP (X6) DATE 9/11/23

Division of Health Service Regulation

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on records review and interview, the facility failed to complete an assessment prior to admission affecting two of three audited clients (#1 and #2). The findings are:

Review on 8/29/23 of client #1's record revealed:
-Admisison dated of 7/10/23.
-Diagnoses of Schizoaffective Disorder; Mild Cognitive Impairment; Diabetes Type II without Insulin; Hypertension; History of Cerebral Vascular Accident, Stage 3 Chronic Kidney Disease; Hypertension.
-No initial assessment completed prior to client #1's admission to the facility.

Review on 8/29/23 of client #2's record revealed:
-Admission date of 10/27/22.
-Diagnoses of Schizophrenia Disorder; Hypertension; Hyperlipidemia; Traumatic Brain Injury; Tobacco Use.
-No initial assessment completed prior to client #2's admission to the facility.

Interview on 8/29/23 with the Owner revealed:
-Client #1 was previously a resident at another house from former licensee.
-She was not aware that they needed to have an

THE QP WILL PRINT OUT THE RULE BOOK AND GO OVER THE RULES AS A REFRESHER. 10/1/23

THE QP HAS DONE RESEARCH ON ASSESSMENT FORMS AND HAS CREATED HER OWN FOR TOWER OF BLESSING #4. EACH CLIENTS CHART WILL GET AN ASSESSMENT. 9/15/23

Division of Health Service Regulation

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V 111	Continued From page 2 admission assessment. -She would just read the client's FI2 form to make sure the client had a diagnoses of a developmental disorder. -She would create a form to better assess clients prior to admitting them to the facility. -She acknowledged that the facility did not complete an admission assessment to clients prior to their admissions.	V 111		
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	10A NCAC 27G .0205 TREATMENT THE QP WILL HAVE THE TREATMENT PLAN DONE IN A TIMLY MANNER. THE TREATMENT PLAN DOES NOT HAVE TO BE SIGNED BY A DOCTOR. TREATMENT PLANS WILL BE DONE ANNUAL OR WHEN CHANGES NEED TO BE MADE TOWARDS THE GOAL.	9/1/23

Division of Health Service Regulation

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V 112	Continued From page 3 This Rule is not met as evidenced by: Based on records review and interview, the facility failed to develop and implement a treatment plan for 2 of 3 clients (#1 and #2. The findings are: Review on 8/29/23 of client #1's record revealed: -Admisison dated of 7/10/23. -Diagnoses of Schizoaffective Disorder; Mild Cognitive Impairment; Diabetes Type II without Insulin; Hypertension; History of Cerebral Vascular Accident, Stage 3 Chronic Kidney Disease; Hypertension. -Client #1 did not have a Treatment Plan on record from current provider. Review on 8/29/23 of client #2's record revealed: -Admission date of 10/27/22. -Diagnoses of Schizophrenia Disorder; Hypertension; Hyperlipidemia; Traumatic Brain Injury; Tobacco Use. -Client #2 did not have a Treatment Plan on record from current provider. Interview on 8/29/23 with the Owner revealed: -She was responsible for completing the treatment plans as she was also the facility's Qualified Professional. -She was under the impression that the treatment plans needed to be signed by a physician to be valid. -She was not aware that they only needed to be signed by the person creating the plan and the	V 112	THE QP WILL HAVE ALL TREATMENT PLANS DONE FOR EACH CLIENT AND PLACED IN THERE CHARTS.	9/15/23

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V 112	Continued From page 4 client or legal representative. -She had completed the client's treatment plans, but they had not been signed. -She had taken the resident's treatment plans to the doctor to have them signed and was awaiting to get them back. -She acknowledged the treatment plans were not at the home and were unavailable for review.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes;	V 113	10A NCAC 27G.0206 THE QP WILL ENSURE THAT EACH FILES ARE KEPT WITH ALL APPROPREAT DOCUMENTS. 10/1/23	

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V 113	Continued From page 5 (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure records were complete affecting three of three current clients (#1, #2 and #3) The findings are: Review on 8/29/23 of client #1's record revealed: -Admisison dated of 7/10/23. -Diagnoses of Schizoaffective Disorder; Mild Cognitive Impairment; Diabetes Type II without Insulin; Hypertension; History of Cerebral Vascular Accident, Stage 3 Chronic Kidney Disease; Hypertension. -There was no documentation of progress toward outcomes in the record. Review on 8/29/23 of client #2's record revealed: -Admission date of 10/27/22. -Diagnoses of Schizophrenia Disorder; Hypertension; Hyperlipidemia; Traumatic Brain Injury; Tobacco Use.	V 113	THE QP WILL START PROGRESS NOTES THAT LINE UP WITH THE CLIENT TREATMENT PLANS. THE NOTES WILL BE DONE THE END OF EACH MONTH.	9/30/23

Division of Health Service Regulation

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V 113	Continued From page 6 -There was no documentation of progress toward outcomes in the record. Review on 9/27/22 of client #3's record revealed: -Admission date of 8/8/23. -Diagnosis of Seizure Disorder; Schizoaffective Disorder; Intellectual Disability -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care. -There was no documentation of progress toward outcomes in the record. -There was no documentation of consent for services signed from client's legally responsible person. Interview on 8/29/23 with the Owner revealed: -She was in the process of creating forms to log in client's progress notes. -She had sent needed paperwork to client #3's legal guardian to have them signed. She was till waiting for forms to be returned. -She acknowledged the facility had not logged in client's progress toward outcomes. -She acknowledged client #3 did not have consent for treatment or to seek emergency services signed by her legal guardian.	V 113	THE QP WIN HAVE ALL REQUIRED DOCUMENT PLACED IN FILE. THE GUARDIAN FINALLY SENT DOCUMENTS BACK FOR CONSENT AND WAS PLACED IN CHART.	8/29/23
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	V 114		

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V 114	Continued From page 7 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 for every shift and for each quarter. The findings are: Review on 8/29/23 of the facility's fire drills record revealed: -No fire drills were conducted for 2nd shift for the 4th quarter of 2022. -No fire drills were conducted for 3rd shift for the 2nd quarter of 2023. Review on 8/29/23 of the facility's disaster drills record revealed: -No disaster drills were conducted for 1st shift for the 4th quarter of 2022. -No disaster drills were conducted for 1st or 3rd shift for the 1st quarter of 2023. -No disaster drills were conducted for 2nd shift for the 2nd quarter of 2023. Interview on 8/29/23 with the Owner revealed: -She needed some clarification regarding required drills to be performed. -She confirmed the facility had not conducted fire and disaster drill on every shift and for each quarter.	V 114	FIRE DRILLS WILL BE CONDUCTED ON EACH SHIFT FOR EACH QUARTER. 9/15/23 DISASTER DRILLS WILL BE DONE ON EACH QUARTER. 9/15/23	

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V 290	Continued From page 8	V 290		
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 (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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on	V 290	THE QP HAS READ THE RULES AND WILL ENSURE THAT THE STAFF TO RESIDENT RATIO.	9/15/23

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V 290	Continued From page 9 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assess a client's capability of having unsupervised time in the community and home without supervision affecting one of three audited clients (#2). The findings are: Review on 8/29/23 of client #2's record revealed: -Admission date of 10/27/22. -Diagnoses of Schizophrenia Disorder; Hypertension; Hyperlipidemia; Traumatic Brain Injury; Tobacco Use. -There was no documentation of a treatment plan indicating that he could have any unsupervised time. -There was no documentation that client #2 had been assessed for capability of having unsupervised time in the community without supervision. Interview on 8/29/23 with client #2 revealed: -He had unsupervised time in the community and to be at home without staff. -He used his time to walk around the neighborhood and attend his job. Interview on 8/29/23 with the Owner revealed: -She acknowledged that clients #2 as well as	V 290	THE QP WILL ASSESS EACH CLIENT AND WILL CREAT FORMS. ONCE THE ASSESSMENT IS COMPLETED EACH CLIENT WILL RECEIVE A FORM THAT WILL STATE IF THE CLIENTS ARE ABLE TO GET SUPPERVISED OR UNSUPPERVISED HOURS, FOR THE HOME AND THE COMMUNTY.	9/15/23

Division of Health Service Regulation

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V 290	Continued From page 10 client #4 had unsupervised time, but they did not have an assessment in their book. -Clients #2 and #4 had been in the house receiving services from previous provider prior to new licensee coming in. -She would work on having an assessment for unsupervised time completed and will determine appropriate unsupervised time for the clients. -She confirmed the facility failed to assess clients #2 and #4's capability of having unsupervised time in the community.	V 290		