

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2023
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 625 N MEBANE STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 13, 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 6 and currently has a census of 6. 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		

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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 review and interview the facility failed to develop and implement goals and strategies to address client leaving the home without permission for one of three audited clients (#1). The findings are:</p> <p>Review on 9/7/23 of Client #1's record revealed: -Admission date of 6/13/13. -Diagnoses of Schizophrenia, Hyperlipidemic, Hypertension, Type 2 Diabetes, Intellectual Developmental Disability, Mild. -Treatment Plan dated 7/8/23 included the following goals: -Client #1 will continue to attend all scheduled appointments. -Client #1 will perform routine activities of daily living skills daily. -Client #1 will continue to work on improving his coping skills. -Treatment plan failed to provide interventions and strategies to address client #1 leaving the home without permission. - Client #1 left the home without permission on 8/14/23 at 6:15 p.m. and 9 p.m.</p> <p>Review on 9/7/23 of the facility's file on Client #1 leaving the home without permission revealed: -"8/14/23 - 6:15 p.m. [Client #1] walked off the premises unsupervised. [Client #1] was gone for about 30 minutes."</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>"8/14/23 - 9 p.m. - [Client #1] walked off around 9p.m. unsupervised and was out past nine is the group home curfew. Staff called police to report [Client #1] missing from the home. The police brought [Client #1] back to the home around 9:30 p.m. Then a lady from RHA came and talked with [Client #1]."</p> <p>Interview on 9/13/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She spoke to the owner about client #1. -Suggested staff was not capable of handling client #1. -The Director admitted client #1 before she was able to assess him. -She liked to assess clients before deciding to admit. -She completed the treatment plan. -She would add a goal and strategies regarding client #1 leaving the home without permission. -She would also discuss with staff about monitoring client #1 and keeping him engaged to prevent the behavior. 	V 112		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed for two of three audited clients (#1 and #2). The findings are:</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>Review on 9/7/23 of Client #1's record revealed: -Admission date of 6/13/13. -Diagnoses of Schizophrenia, Hyperlipidemic, Hypertension, Type 2 Diabetes and Intellectual Developmental Disability, Mild.</p> <p>Review on 9/7/23 of Client #2's record revealed: -Admission date of 7/26/23. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Hyperlipidemia, Insomnia, Asthma and Constipation</p> <p>Review on 9/7/23 of the facility's file on Client #1 leaving the facility without permission revealed: -"8/14/23 - 6:15 p.m. [Client #1] walked off the premises unsupervised. [Client #1] was gone for about 30 minutes." -"8/14/23 - 9 p.m. - [Client #1] walked off around 9p.m. unsupervised and was out past nine is the group home curfew. Staff called police to report [Client #1] missing from the home. The police brought [Client #1] back to the home around 9:30 p.m. Then a lady from RHA came and talked with [Client #1]."</p> <p>Review on 9/7/23 of the facility's file on Client #2 leaving the facility without permission revealed: -"8/29/23 "around 4 a.m. - [Client #2] walked off - staff called police and they brought [Client #2] back."</p> <p>Interview on 9/13/23 with the Qualified Professional revealed: -No level II incident report was completed for client #1 on 8/14/23 and client #2 on 8/29/23. -She talked to staff all the time to report incidents. -She would meet with staff individually. -Staff were supposed to call her or the Director if something happened.</p>	V 367		

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V 367	Continued From page 6 -She would not know anything unless the staff called her. -She would meet with staff to reiterate the process of incident reporting. -If she was unavailable the Director had to complete the incident report. -Staff had to complete the facility report and she would complete the level II report within 24 hours.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a safe, clean and attractive manner. The findings are: Observation on of the 9/7/23 of the facility revealed: -Bathroom for clients did not have a toilet seat. The toilet had a handicap seat when there was no disabled client living in the home. -The bathroom plaster behind the sink was peeling. -First bedroom to the right of the front door had plaster peeling on the right side of the wall. -The carpet in the bedroom near the backdoor was stained and one bed did not have a bed frame. -There were black stains on all the bedroom doors. -Plaster was peeling from the ceiling in the	V 736		

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V 736	<p>Continued From page 7</p> <p>laundry area.</p> <p>-Kitchen tile near the refrigerator and sink was peeling or cracked.</p> <p>Interview on 9/13/23 with the Qualified Professional revealed:</p> <p>-The landlord and Director undecided who was supposed to fix the problems in the house.</p> <p>-She encouraged the Director to find another place.</p> <p>-She would see what the Director was able to fix.</p>	V 736		