STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WING mhl092-607 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE BLESSED HOME, LLC RALEIGH, NC 27615 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on August 31, 2023. The complaint was unsubstantiated (Intake #NC00205011). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 109 27G .0203 Privileging/Training Professionals V 109 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: DHSR - Mental Health (1) tecnnical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making: (5) interpersonal skills; Lic. & Cert. Section (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based Division of Health Service Regulation

Division of Health Service Regulation

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

TITLE

STATE FORM

D86S11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R-C B. WING mhl092-607 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE BLESSED HOME, LLC RALEIGH, NC 27615 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 109 Continued From page 1 V 109 employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Facility has hired a new QP to ensure Based on observation, record review and 10/30/2023 plans of consumers are addressing all interview, the facility failed to ensure 1 of 1 former concerns/behaviors and is reviewed by Qualified Professionals (QP) demonstrated the current and future house staff. New QP knowledge, skills and abilities required by the will train current and future house staff population served. The findings are: on layout of charts, where to locate documents, and understanding of the Review on 8/24/23 of the Former QP's record documents. New QP will continue revealed: monthly checkup/training of staff to Hired on 3/18/23 and resigned on 7/31/23 ensure continued understanding. Job description dated 3/1/18: Ensure all Service Plans reflect consumers' current state, interventions and goals. Coordinate and oversight of initial and ongoing assessment activities. Initial development and ongoing revisions to Service Plan. Provide opportunities for training to staff as needed. Provide the appropriate documentation for service delivery, including service plan and service notes.

D86S11

PRINTED: 09/18/2023 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C mhl092-607 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE BLESSED HOME, LLC RALEIGH, NC 27615 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 109 Continued From page 2 V 109 Attempted interviews on 8/24/23 with the Former QP were unsuccessful and voicemails were left. During interview and observation on 8/24/23 at 10:30am the House Manager revealed: The House Manager reviewed client #3's record to find his treatment plan but could not locate it He had not seen any of the clients' treatment plans He could not recall any of the clients' goals The Former QP did not train him on any of 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 During interview on 8/24/23 the Licensee reported: The Former QP resigned on 7/31/23 and the new QP started on 8/15/23. The Former QP was responsible for training the House Manager on the clients' treatment plans and behaviors She was unaware that the House Manager did not know the clients' goals The Former QP was not going to the facility to train the House Manager like she was supposed to She planned to have the new QP train the House Manager on the clients' goals

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PLAN

V 112 27G .0205 (C-D)

10A NCAC 27G .0205

Assessment/Treatment/Habilitation Plan

TREATMENT/HABILITATION OR SERVICE

ASSESSMENT AND

V 112

PRINTED: 09/18/2023 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C B WING mhl092-607 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE BLESSED HOME, LLC RALEIGH, NC 27615 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 112 Continued From page 3 V 112 (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. Facility has hired new QP to review 10/30/2023 and correct consumer treatment plans. New QP will speak with consumer and This Rule is not met as evidenced by: his team to develop the best plan to Based on observation, record review and ensure concerns and behaviors are interview, the facility failed to develop and addressed. QP will ensure input is received

Admitted 8/1/13

implement goals and strategies to address the

needs of 1 of 3 audited clients (#3). The findings

Review on 8/24/23 of client #3's record revealed:

Diagnoses of Bipolar Disorder, Seizure

or reduce behaviors.

from group home staff to best know how

to handle consumer's behaviors. New QP will review plan with consumer and staff for understanding and compliance. New

QP will find best system in order to change

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C B. WING mhl092-607 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE BLESSED HOME, LLC RALEIGH, NC 27615 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 112 Continued From page 4 V 112 Disorder, Hypertension, Schizoaffective Disorder, and Type II Diabetes A treatment plan dated 3/19/23: No goals or strategies to address hoarding, noncompliant, and disruptive behaviors Progress note dated 7/10/23: "[client #3] always disturb the house walk up in the middle of the night between 12am to 2 am open doors and light on. He disrespect me (House Manager) and used abuse words to me" Progress note dated 7/18/23: "...if am trying to advice him (client #3) get annoyed with me (House Manager) caused and abused according to him his is his body doesn't concerning me I should leave him alone. He poop or peed he hid it under his bed during my clean up he will not allow me to wash it instead he will call state..." During interview on 8/24/23 client #3 reported: His goals were to sweep, mop, and take out the trash During interview on 8/24/23 client #4 reported: Client #3 "acts up" "Staff (House Manager) tell him to do one thing and he (client #3) does the opposite" During interview on 8/24/23 the House Manager reported: Client #3 gave him a "hard time" Client #3 would not allow him to assist with anything Client #3 refused to change his soiled clothes, and would take the clothes off and hide them from staff He could only "monitor" client #3 during blood

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sugar checks because client #3 refused to allow

Client #3's room was "messy" because he

the House Manager to check it

liked to "hoard" items in his room

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C B. WING mhl092-607 08/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE BLESSED HOME, LLC RALEIGH, NC 27615 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) V 112 Continued From page 5 V 112 "His (client #3) family said he used to do all that all of the time at home" Client #3 would get up in the middle of the night, turn on all the lights in the facility, and open the entrance doors He wrote progress notes and told the Licensee about client #3's behaviors Sometimes the Licensee talked to client #3 about his behaviors During interview on 8/24/23 and 8/25/23 the Licensee reported: She was aware of client #3's behaviors Client #3 would "hoard" various items in his room, "fabricate stories" about things in the facility, refuse assistance from any staff, and hide or refused to change out of soiled clothing when asked The House Manager informed her of client #3's behaviors when they occurred, and she would "talk" with client #3 about his behaviors Client #3 "always" told stories that were "untrue" "[Client #3] will not want people to do for him but he needs help doing things...when staff help, he said they are abusing him" Other clients complained to her about client #3's disruptive behaviors The clients told her that they witnessed client #3 telling the House Manager that he was "hurting him (client #3)", but the House Manager wasn't doing anything to client #3 The Former Qualified Professional (QP) was responsible for developing clients' treatment plans

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She thought the Former QP developed goals and strategies to address client #3's behaviors She hired a new QP that started on 8/15/23 She planned to have her new QP develop

goals and strategies for client #3

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