

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/17/2023 |
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| NAME OF PROVIDER OR SUPPLIER CHANGING LIVES FAMILY CARE HOME, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 207 AARONS WAY BURLINGTON, NC 27217 |
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| (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 |
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| V 000 | INITIAL COMMENTS An annual and follow-up survey was completed on October 17, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness. The facility is licensed for 5 beds and currently has a census of 5. The survey sample consisted of audits of 3 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 | | |

DHSR - Mental Health
NOV 7 2023
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE
Owner

(X6) DATE
11/1/2023

Division of Health Service Regulation

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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 interview, the facility failed to have a Person Centered Plan with 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 affecting one of three audited clients (Client #2). The findings are:</p> <p>Review on 10/17/23 of Client #2's record revealed: -Admission date of 10/21/15 -Diagnoses of Undifferentiated Schizophrenia; Dysthymia; Congenital Malformation of Cardiac; Obesity; Asperger's Syndrome/Autism; Enuresis; Attention Deficit Disorder; Gastroesophageal Reflux Disease. -Client #2's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Interview on 10/17/23 with the Qualified Professional revealed: -She relied on the client's day program to complete their Person Centered Plan. -She had been having some issues with receiving Client #2's Person Centered Plan back from staff at his day program. -Staff from the Client #2's program had sent his Person Centered Plan to her today, but it was missing the signature page. -Client's day program would include residential</p> | V 112 | <p>QP was made aware that even if they are receiving other services, QP is able to obtain/devise a PCP that covers the group home. QP has obtained a copy of the PCP from the day program, but is devising a plan for this individual in order to keep a copy and keep annual plans up to date.</p> | November 2023 |
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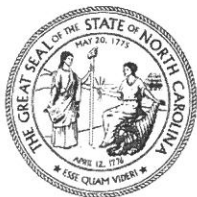
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| V 112 | Continued From page 2 services goals in their plans. -She confirmed that the Person Centered Plans for Client #2 had no written consent or agreement by the client or responsible party. | V 112 | | |
| V 736 | 27G .0303(c) Facility and Grounds 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 be maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 10/17/23 of the facility at approximately 12:45 pm revealed: -Kitchen area- Linoleum flooring was stained and had a couple of spots where it was torn and exposing the wooden floor. -Living area- There was a large unfinished patch-up work that needed to be painted on the wall separating the kitchen and the Living area. There was also an unfinished patch-up work needing to be painted on wall behind the couch. -Door leading to Clients #2 and #5's bedroom was dirty/stained. -Clients #2 and #5's bathroom- There was a large crack on the window. Window was covered with a piece of clothes as it was missing blinds. Linoleum flooring was stained and starting to come apart on the edges. Mirror was fading around its edges. -Hall bathroom- Mirror was fading around its edges. Linoleum flooring was stained. | V 736 | The administration staff of the group home has contacted the landlord in regards to the maintenance of the home. Administration is working with the landlord to try to get all things corrected in the home. This will be an ongoing process. | starting 10.20.2023 |

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| V 736 | <p>Continued From page 3</p> <ul style="list-style-type: none"> -Door leading to Clients #1 and #4's bedroom was dirty/stained. -Door leading to Clients #3's bedroom was dirty/stained. -Outside- Doorbell was missing and had exposing wires. <p>Interview on 10/17/23 with Staff #6 revealed:</p> <ul style="list-style-type: none"> -She started working at this house in April of this year. -She was aware there were some maintenance issues with the facility. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner. <p>Interview on 10/17/23 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -He understood that the facility needed to be repainted again. -He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner. | V 736 | | |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 20, 2023

Jaquay Wade, Director
Changing Lives Family Care Home, LLC
823 Day Street
Burlington, NC 27217

Re: Annual & Follow-up Survey completed October 17, 2023
Changing Lives Family Care Home, LLC, 207 Aarons Way, Burlington, NC 27217
MHL # 001-232
E-mail Address: Jaquay_wade@yahoo.com
CC: qexclusive2001@yahoo.com

Dear Mr. Wade:

Thank you for the cooperation and courtesy extended during the annual & follow-up survey completed October 17, 2023.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 12/16/23.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 20, 2023
Changing Lives Family Care Home, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
_DHSR_Letters@sandhillscenter.org
Candice Gobble, Alamance County DSS
Pam Pridgen, Administrative Supervisor