

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALAMANCE HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 N MEBANE STREET BURLINGTON, NC 27217</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on January 30, 2024. The complaint was unsubstantiated (intake #NC00211520). 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>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></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 reviews and interviews, the facility failed to have Person Centered Plans (PCP) with written consent or agreement by the client or responsible party for three of three audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 1/25/24 of client #1's record revealed: -Admission date of 8/4/23. -Diagnoses of Dementia, Schizophrenia, Chronic Hyponatremia, Chronic Systolic, Seizure Disorder, Peripheral/Neuropathy. -Person Centered Plan dated 8/4/23. The plan was only signed by QP (Qualified Professional) on 8/4/23.</p> <p>Review on 1/25/24 of client #2's record revealed: -Admission date of 1/17/22. -Diagnoses of Schizophrenia, Bipolar, Hypertension, Anxiety, Hyperlipidemia -PC Plan dated 7/6/23. The plan was only signed by the QP 7/6/23. -Client #2 are his own guardian and did not signed the PCP.</p> <p>Review on 1/25/24 of client #3's record revealed: -Admission date of 12/13/14. -Diagnoses of Schizophrenia, Hyperlipidemia, Chronic Obstructive Pulmonary Disease (COPD) -PCP dated 7/6/23. The plan was only signed by</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>QP on 7/6/23. -Client #3 are his own guardian and did not signed the PCP.</p> <p>Interview on 1/25/24 with client #1's guardian revealed: -She was involved in the PCP meeting held on 8/4/23. The QP was supposed to email the signature page, but she never did.</p> <p>Interview on 1/29/24 with the Owner revealed: -"I don't know why the QP isn't having the guardian signed the PCP." -He said that the last surveyor told him about the PCP not being signed. -He would remind the QP again to make sure the PCP's are being signed. -The QP was unavailable due to having knee surgery.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>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</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited clients (#1) was assessed to be capable of having</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>unsupervised time in the community. The findings are:</p> <p>Review on 1/25/24 of client #1's record revealed: -Admission date of 8/4/23. -Diagnoses of Dementia, Schizophrenia, Chronic Hyponatremia, Chronic Systolic, Seizure Disorder, Peripheral/Neuropathy. -Person Centered Plan dated 8/4/23. There was no assessment for unsupervised time in the community.</p> <p>Interview on 1/26/24 with client #1 revealed: -"I walked off from the group home without permission when I first got there." -"That was the last time I walked off from the group home without staff permission."</p> <p>Interview on 1/24/24 with Qualified Professional (QP) revealed: -Client #1's had unsupervised time in the community when he went to the hospital for a seizure. -The seizure happened while client #1 was in the community. -Client #1 unsupervised time was terminated after the incident happened.</p> <p>Interview on 1/29/24 with Owner revealed: -"The QP is supposed to complete all the paperwork in the facility and make sure it's in the chart." -The QP told him she was going to put everything in the chart.</p>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

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V 736	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 1/23/24 at 9:00am revealed: -The bathroom plaster behind the sink was peeling. -Plaster was peeling from the ceiling in the laundry area. -The kitchen tile had two spots about the shape of a small pineapple that was peeling and cracked.</p> <p>-Client #4's bedroom had plaster peeling on the right side of the wall size of an orange. -The carpet in client #1's bedroom had small black stains all over it that were size of a orange -There were black stains that were quarter size on all the bedroom doors.</p> <p>-The front side of the house was about one foot of a section of the white trim was coming off. -Half of the inside door handle was broken off the front storm door. -The first two steps in the backyard had soft spots the size of an apple. -The hand rail that was connected to the steps were wobbled.</p> <p>Interview on 1/24/24 with the Qualified Professional (QP) revealed: -The owner was aware of all the issues in the home. -"The landlord is collecting the money and not fixing anything."</p>	V 736		

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V 736	<p>Continued From page 6</p> <p>-He had the steps fixed outside and did some painting in the house.</p> <p>-"The owner is looking for another house but haven't found one yet."</p> <p>Interview on 1/24/24 with the Owner revealed:</p> <p>-He was aware of the issues with the facility.</p> <p>-"He had complained to the landlord about fixing things around the house and it doesn't work."</p> <p>-He was working on getting things fixed around the house.</p>	V 736		