

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2024
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NAME OF PROVIDER OR SUPPLIER FREEDOM CARE SERVICES, LLC-KING MILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1335 LASSITER ROAD BENSON, NC 27504
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/31/24. 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 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><i>Facility will train residents and staff how to engage in a tornado drill. Facility will practice during disaster drills.</i></p>	3/1/2024
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were conducted under conditions that simulated emergencies. The findings are: Review on 1/31/24 of the facility's disaster drill log</p>	V 114		

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

TITLE

(X6) DATE

STATE FORM

6899

7HT511

If continuation sheet 1 of 10

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2/16/24

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V 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> - disaster drills were completed monthly <p>During interview on 1/30/24 client #1 reported:</p> <ul style="list-style-type: none"> - she does not practice tornado drills at the facility - would go to the nearest room without windows <p>During interview on 1/30/24 client #3 reported:</p> <ul style="list-style-type: none"> - when asked if tornado drills were practiced at the facility, responded "that's a hard question" - stay away from windows inside facility <p>During interview on 1/30/24 staff #1 reported:</p> <ul style="list-style-type: none"> - tornado drills were not practiced - she discussed with the clients where in the facility to go if there was a tornado "like the bathroom" <p>During interview on 1/31/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - he trained staff on how to conduct tornado drills - clients were to get down in the hallway or bathroom - was not aware tornado drills were not being simulated 	V 114		
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V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the</p>	V 290	<p><i>Facility op will train residents on what to do and what not to do while engaging in unsupervised time. If the residents aren't</i></p>	<p><i>3/1/2024</i></p>
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V 290	<p>Continued From page 2</p> <p>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.</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>	V 290	<p><i>able to follow the rules set, the resident unsupervised time will be revisited and possible reworked.</i></p> <p><i>Facility QP will review unsupervised assessment to assure unsupervised time is still appropriate for resident.</i></p>	

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V 290	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 5 clients (3# & #4) were capable of remaining in the home without supervision for specified periods of time. The findings are:</p> <p>Review on 1/30/24 of clients #1 - #3's record revealed: - they had unsupervised time in the facility</p> <p>The following is an example of how the facility failed to ensure the following clients were capable of unsupervised time in the facility without staff:</p> <p>Review on 1/30/24 of client #3's record revealed: - admitted 5/1/22 - diagnoses: Schizoaffective Disorder, Type 2 Diabetes, Hypertension - an unsupervised time assessment for 6 hours of approved time in the facility</p> <p>Review on 1/30/24 of client #4's record revealed: - admitted 5/1/22 - diagnoses: Major Depressive Disorder, Major Neurocognitive Disorder, Epileptic Seizure Disorder, Dyslipidemia & Hypothyroidism - an unsupervised time assessment dated 2/1/23 for 2 hours in the facility</p> <p>Observation on 1/30/24 at 12:02pm & 12:20pm revealed the following: - a white female came to door and stated she was client #4 - invited the Mental Health Surveyor into the facility - client #3 was asleep in a chair and client #1 watched television</p>	V 290		

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V 290	<p>Continued From page 4</p> <ul style="list-style-type: none"> - client #4 stated staff #1 was in the staff's office - client #4 knocked on the staff's door and after no answer, she peeped in the office - client #4 stated nobody was in the office and wandered if she (staff#1) was outside - client #3 woke up and stated staff #1 left and hour ago - she took a person to the physician's office - surveyor stepped back to the vehicle and called inside the facility - client #4 answered the facility's phone, and stated staff was not at the facility and was not sure when she would return - 12:20pm: staff #1 arrived to the facility <p>During interview on 1/30/24 staff #1 reported:</p> <ul style="list-style-type: none"> - she was gone for an hour - had to take a client from another facility to a physician's appointment - 5 clients were inside the facility & all had unsupervised time <p>During interview on 1/30/24 client #3 reported:</p> <ul style="list-style-type: none"> - when staff were not at the facility, clients were not supposed to allow strangers in the facility - clients were not supposed to answer the phone <p>During interview on 1/30/24 client #4 reported:</p> <ul style="list-style-type: none"> - she opened the door for the Mental Health Surveyor because the other clients told her someone wanted to see her at the door - clients were not supposed to open the door for strangers - when she answered the facility's phone, she informed the callers, staff were not at the facility <p>During continued interview on 1/30/24 staff #1</p>	V 290		

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V 290 Continued From page 5

reported:

- she had a 2 hour grace period to leave clients unsupervised at the facility
- clients were not to answer the facility's phone, unless they were familiar with the phone number
- the facility had caller ID and staff numbers were written down
- they were not supposed to open the facility's door

During interview on 1/31/24 the Qualified Professional reported:

- clients normally called him when someone was at the door they were not familiar with
- he was not contacted on 1/30/24

During interview on 1/31/24 the Licensee reported:

- all clients will be retrained on unsupervised time on 2/2/24

V 290

V 513 27E .0101 Client Rights - Least Restrictive Alternative

10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE

(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:

- (1) using the least restrictive and most appropriate settings and methods;
- (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;
- (3) providing choices of activities meaningful to the clients served/supported; and
- (4) sharing of control over decisions with the client/legally responsible person and staff.

(b) The use of a restrictive intervention

V 513

Facility QP will review rights restriction for resident #4 and add a goal to address resident taking more food than served. Also facility QP will develop documentation to review rights restriction 3/1/2024

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V 513	<p>Continued From page 6</p> <p>procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to promote a safe and respectful environment. The findings are:</p> <p>General Statue 122C-62 - "...a written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional (QP) at least every seven days, at which time the restriction maybe removed. Each evaluation of a restriction shall be documented in the client's record..."</p> <p>Review on 1/30/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/19/22 - diagnoses: Schizoaffective Disorder, Morbid Obesity, Hypothyroidism, Incontinent, Chron Disease & Chronic Kidney Disease stage 3 - a treatment plan dated 3/28/23 with no goals regarding the consumption of raw foods - no documentation of rights restriction in the record 	V 513	<p>every 7day and no longer than 30day.</p> <p>Facility QP will implement rights restriction for resident #1 to address resident eating raw foods from fridge</p> <p>QP will add goal to address as well as develop documentation to review progress every 7day no longer than 30day.</p> <p>Facility QP will review plans, rights restriction + documentation with Staff.</p>	
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V 513	<p>Continued From page 7</p> <p>Review on 1/30/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/1/22 - diagnoses: Major Depressive Disorder, Major Neurocognitive Disorder, Epileptic Seizure Disorder, Dyslipidemia & Hypothyroidism - rights restriction document developed by the facility dated 4/19/23: "takes more food than served and will stuff her mouth full of food to consume when staff is not watching ...will require assistance from staff to go in kitchen cabinets, pantry and refrigerator and obtain item she needs ...without incident for 6 months ...locks can be off fridge if staff is in immediate area..." - a treatment plan dated 3/1/23 with no goals to address client #4 "stuffing her mouth" - no documentation every 7 days regarding the rights restriction <p>Observation on 1/30/24 at 12:52pm revealed:</p> <ul style="list-style-type: none"> - a black wire wrapped around the refrigerator's handles <p>Observation on 1/30/24 at 2:16pm revealed:</p> <ul style="list-style-type: none"> - client #4 ate a sub sandwich without stuffing her mouth - she was the last client to finish her meal <p>Observation on 1/31/24 at 11:38am revealed:</p> <ul style="list-style-type: none"> - a bowl on the kitchen table with: bags of popcorn, apples & packaged strawberry peanut butter sandwiches <p>During interview on 1/30/24 client #3 reported:</p> <ul style="list-style-type: none"> - the refrigerator was locked because clients ate the other clients' food - clients went in and out the refrigerator too many times during the day <p>During interview on 1/30/24 client #1 reported:</p>	V 513		

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V 513	<p>Continued From page 8</p> <ul style="list-style-type: none"> - the refrigerator was locked because the clients would drink juice instead of water - would rather the refrigerator not be locked - "when you at your house, no lock is on the refrigerator" <p>During interview on 1/30/24 client #4 reported:</p> <ul style="list-style-type: none"> - the refrigerator was locked because staff did not want people in it - would ask staff when she wanted something from the refrigerator <p>During interview on 1/30/24 staff #1 reported:</p> <ul style="list-style-type: none"> - the refrigerator was locked because client #4 "would eat and drink up everything" - some clients had their own personal items in the refrigerator - not aware of any clients that was at risk of choking - nobody was on a soft or mechanical diet <p>During interview on 1/31/24 staff #2 reported:</p> <ul style="list-style-type: none"> - the refrigerator was locked because clients "would eat and drink up everything" - client #1 would eat raw food items - client #4 would spill koolaid on the floor - they could get water from the sink - food items were left out for them to grab and eat - not aware of any clients that were at risk of choking <p>During the interview on 1/31/24 the QP reported:</p> <ul style="list-style-type: none"> - was not aware the refrigerator was locked - client #4 was restricted from the pantry because she took more food than she supposed to - there was a rights restriction in client #4's record - was not aware of any clients that ate raw food 	V 513		

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V 513	<p>Continued From page 9 at the facility</p> <p>During interview on 1/31/24 the Licensee reported:</p> <ul style="list-style-type: none"> - client #1 ate raw food from the refrigerator - client #4 stuffed her mouth with food which could result in a choking hazard - she purchased the wire to lock the refrigerator 2 months ago - the refrigerator will remain locked because client #1 ate raw food from the refrigerator - will update client #1's & #4's treatment plan and document every 7 days 	V 513		