

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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NAME OF PROVIDER OR SUPPLIER ALIEAH'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 BYNUM'S PLACE NORLINA, NC 27563
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V 000	INITIAL COMMENTS An annual survey was completed on March 5, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000	Deficiency in rule 27G .0205 (A-B) To correct this deficiency, Guardian Angel Healthcare has restructured team assignments concerning Preadmission assessments. We have a Pre Admission packet that is given to parents and guardians or Care Coordinators to complete prior to admission, which includes member's problem, needs, strengths, diagnosis, social, family and medical history and any previous previous evaluations or assessments performed prior to admission. This has been an ongoing practice for our agency, in which the Qualified Professional is responsible for completing. However, this deficiency occurred because the Qualified Professional that was employed with GAH during Member #3 and member #4 admission, did not complete the process. A Pre admission meeting was performed by zoom with QP, Care Coordinator, Executive Director and Member #3's parents. Meetings were performed preadmission between Social worker of Mental Health Faacity, QP and CEO for Member #4, however the process was not complete	
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Fatima Williams</i>	TITLE Executive Director	(X6) DATE 3/21/24
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V 111	<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 ensure admission assessments were completed for 2 of 3 audited clients (#3 & #4). The findings are:</p> <p>Review on 2/9/24 of client #3's record revealed: - Admitted 12/4/22 - Diagnoses of: Mild-Moderate Intellectual Developmental Disorder (IDD), Attention-Deficit/Hyperactivity Disorder (ADHD), combined type, Oppositional Defiant Disorder, Generalized Anxiety Disorder, and Other Specified Depressive Disorder - No documentation of an admission assessment</p> <p>Review on 2/9/24 of client #4's record revealed: - Admitted 5/9/22 - Diagnoses of: IDD, Schizoaffective Disorder Bipolar, ADHD, Seizure Disorder, Prediabetes, Impulse Control Disorder, Anxiety, Asthma without complications, and Hypertension - No documentation of an admission assessment</p> <p>Interview on 2/13/24 the Corporate Compliance Assistant (CCA) reported:</p>	V 111	<p>Plan of Correction:</p> <p>To correct the deficiency, we have defined the role of the Qualified Professional concerning new admissions and her role concerning pre admission intake.</p> <p>To Prevent the deficiency from reoccurring, we have reconstructed our admission process. The Qualified Professional will be responsible for the intake of information and any pre-admission meetings. If the QP is not available the Executive Director will perform intake of pre-admission information and attend any meetings. The Qualified Professional or Executive Director will bring information to the team, which consist of, CEO, Executive Director, Qualified Professional and Program Manager, to discuss intake information and prepare for the needed care of admitting member. This meeting will occur within one week of collecting information.</p> <p>The Corporate Compliance Assistant will monitor this process to make sure that a pre-admission assessment is complete, with proof of documentation and document placed in member's file.</p> <p>This monitoring will take place prior to each admission and added to the Quarterly file audit checklist .</p>	2/26/24

Division of Health Service Regulation

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V 111	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Was responsible for "auditing" the Qualified Professional (QP)'s "paper work" - "Intakes (admission assessments) are done by the QP and Executives (Licensee/Registered Nurse (RN) & Chief Executive Officer (CEO))" Was unaware client #3 and #4's admission assessments weren't in their client records - Wasn't responsible for checking the clients' records for admission assessments, but she planned to "make note to start checking intake assessments" <p>Interview on 2/13/24 the QP reported:</p> <ul style="list-style-type: none"> - The CCA and the Executives were responsible for completing the clients' admission assessments - Was unaware client #3 and #4's admission assessments weren't in their client records <p>Interview on 2/14/24 the CEO reported:</p> <ul style="list-style-type: none"> - Was unaware client #3 and #4's admission assessments weren't in their client records - Knew client #3 and #4's admission assessments were completed upon their admission - He "remember doing the intake assessments" for client #3 and #4, but he could not "locate" them 	V 111		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by</p>	V 118	<p>Deficiency in rule 27G .0209 (C)</p> <p>To correct this deficiency, the Provider's signed order has been obtained and placed in member #4's Medication Administration Book with the MAR.</p> <p>To prevent this deficiency from reoccurring, a medication audit</p>	2/26/24

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medications on a written order of a physician for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 2/8/24 and 2/9/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/9/22 - Diagnoses of: Intellectual Developmental Disability, Schizoaffective Disorder Bipolar, 	V 118	<p>weekly check list has been created for the house managers to audit the MAR and Medication Administration Record Book weekly. Signed physician orders being present is apart of the weekly audit checklist. The checklist will be submitted the Registered nurse weekly for review. Also, our appointment process has changed. The Program Manager will take the members to their appointments and bring a copy of the orders to the company's Center to be placed in the member's file and the other copy will be placed in the MAR book. This reduces the number of people performing this duty, which lessens the number of people accountable.</p> <p>The Registered Nurse will monitor the audits, to make sure they are complete and being performed and will be self assessing Medication Record Book by going in the facility herself.</p> <p>The monitoring will take place weekly for the audits and the the nurse will go in the facility monthly to assess whether Provider orders are present or not.</p>	

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>Attention-Deficit/Hyperactivity Disorder, Seizure Disorder, Prediabetes, Impulse Control Disorder, Anxiety, Asthma without complications, and Hypertension</p> <ul style="list-style-type: none"> - No physician's order for Vitamin D 1000 Units (U) take 1 tablet by mouth every day (Supplement) - Both December 2023 and January 2024 MARs listed Vitamin D 1000U and it was initialed as being administered daily - A February 2024 MAR listed Vitamin D 1000U and it was initialed as being administered from 2/1/24-2/8/24 <p>Observation at 3:31pm on 2/8/24 of client #4's medication bin revealed:</p> <ul style="list-style-type: none"> - A bottle of Vitamin D 1000U with an expiration date of January 2023 <p>Interview on 2/13/24 client #4 reported:</p> <ul style="list-style-type: none"> - Took Vitamin D every day - His doctor prescribed the Vitamin D "last year" <p>Interview on 2/12/24 the local Pharmacist reported:</p> <ul style="list-style-type: none"> - No adverse affects for client #4 ingesting the expired Vitamin D <p>Interview on 2/13/24 the House Manager reported:</p> <ul style="list-style-type: none"> - Client #4 was administered Vitamin D daily - Was unaware client #4's Vitamin D physician's order wasn't in the client's record - The Licensee/Registered Nurse (RN) was responsible for ensuring client's physician's orders were in the client's record and checking the clients' medications <p>Interview on 2/13/24 the Corporate Compliance</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>Assistant (CCA) reported:</p> <ul style="list-style-type: none"> - Was responsible for putting the client's physician's orders in their record after she received them from the Licensee/RN - Thought a current physician's order for client #4's Vitamin D was in his record - Was unaware the physician's order for client #4's Vitamin D was not in his record - The Qualified Professional (QP) and the Licensee/RN was responsible for checking the clients' medication bins for expired medications <p>Interview on 2/13/24 the QP reported:</p> <ul style="list-style-type: none"> - Was responsible for checking the clients' medications for expired medications - Checked the clients' medications quarterly - Last checked the clients' medications two months ago - "Everyone (staff) is supposed to check medications and read the bottle every time they (medications) are given" <p>Interview on 2/13/24 the Licensee/RN reported:</p> <ul style="list-style-type: none"> - Was responsible for overseeing the clients' medications - "Management (House Manager, QP, & CCA) is there (at facility) all throughout the week doing direct care and they should be constantly checking the clients' medications" - She also checked the clients' medications, but she didn't check the clients medications every month - In the future she planned to check the clients' medications with the House Manager every month - Was unaware client #4's physician's order for Vitamin D was not in his record - She emailed the House Manager and CCA the clients' physician's orders for them to be put in the clients' records 	V 118		

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V 118	Continued From page 6 - The House Manager was "responsible for ensuring the physician's orders are in place (client's record)"	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119	<p>Deficiency in rule 27G .0209 (D)</p> <p>This deficiency has been corrected by replacing all expired medications and the Registered Nurse properly discarding all expired medication. There was a new bottle of vitamin D in the overflow medication cabinet that was not shown while [REDACTED] was present, Also a new container of Minerin Creme was brought in the facility while [REDACTED] was present. All medications updated.</p> <p>To prevent this from reoccurring, a weekly medication audit checklist has been created for the house managers to audit the MAR and Medication Administration Record Book weekly, with label checks for expired medications added to the weekly audit checklist. The checklist will be submitted to the Registered nurse weekly for review and compliance. Also the nurse will be in the facility monthly to check for expired</p>	2/14/24

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V 119	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to dispose of medications to guard against diversion or accidental ingestion affecting 2 of 3 audited clients (#4 & #5). The findings are:</p> <p>A. Review on 2/8/24 and 2/9/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/9/22 - Diagnoses of: Intellectual Developmental Disability (IDD), Schizoaffective Disorder Bipolar, Attention-Deficit/Hyperactivity Disorder (ADHD), Seizure Disorder, Prediabetes, Impulse Control Disorder, Anxiety, Asthma without complications, and Hypertension - No physician's order for the following medications: <ul style="list-style-type: none"> - Vitamin D 1000 Units (U) take 1 tablet (tab) by mouth (PO) every day (Supplement) - Ibuprofen 600 milligrams (mg) take 1 tab PO every 8 hours (Fever/pain) <p>Observation at 3:31pm on 2/8/24 of client #4's medication bin revealed:</p> <ul style="list-style-type: none"> - A bottle of Vitamin D 1000U with an expiration date of January 2023 - A medication pack of Ibuprofen 600mg with an expiration date of 11/16/23 <p>Interview on 2/13/24 client #4 reported:</p> <ul style="list-style-type: none"> - Used to take Ibuprofen for pain but "not anymore" - Could not recall the last time he took Ibuprofen <p>B. Review on 2/8/24 & 2/9/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/25/2022 - Diagnoses of: Autism, Moderate IDD, and 	V 119	<p>medications. During Qualified Professionals' supervision, the house managers will be monitored on them following the weekly auditing. Any medication that is found to be expired, the managers will immediately call the nurse to properly discard.</p> <p>This will be monitored by the Registered nurse and the Qualified Professional.</p> <p>The Nurse will monitor weekly by audit checklist and monthly by on site assessment . The QP will monitor during monthly supervisions of managers and staff.</p>	

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V 119	<p>Continued From page 8</p> <p>ADHD</p> <ul style="list-style-type: none"> - A physician's order dated 2/7/23 for Minerin Creme Apply topically three times daily as needed (Dry Skin) <p>Observation at 3:19pm on 2/8/24 of client #5's medication bin revealed:</p> <ul style="list-style-type: none"> - A container of Minerin Creme with an expiration date of 10/15/23 <p>Interview on 2/13/24 the House Manager reported:</p> <ul style="list-style-type: none"> - Administered the clients' medications daily - The Licensee/Registered Nurse (RN) was responsible for disposing the clients' medications - Was unaware client #4's Vitamin D, Ibuprofen and client #5's Minerin Creme had expired <p>Interview on 2/13/24 the QP reported:</p> <ul style="list-style-type: none"> - Was responsible for checking the clients' medications for expired medications - Checked the clients' medications quarterly - Last checked the clients' medications two months ago - Was unaware client #4's Vitamin D and Ibuprofen had expired - Was unaware client #5's Minerin Creme had expired - "Everyone (staff) is supposed to check medications and read the bottle every time they (medications) are given" - Staff were supposed to contact the Licensee/RN for her to "go over the proper way to discard them (expired medications)" <p>Interview on 2/13/24 the Licensee/RN reported:</p> <ul style="list-style-type: none"> - Was "involved in the medication disposal process" - Medications were disposed of by returning to the pharmacy or using a medication disposal box 	V 119		

Division of Health Service Regulation

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V 119	Continued From page 9 - She "normally" discarded expired medications using a "deactivating bag" - She also checked the clients' medications, but she didn't check the clients medications every month - Staff were supposed to let her know when the clients' medications had expired - Was unaware client #4's Vitamin D and Ibuprofen had expired - Was unaware client #5's Minerin Creme had expired	V 119		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120	Deficiency of rule 27G .0209 (E) This deficiency was corrected in the presence of [REDACTED] during the survey. All narcotics for each member were placed in individual boxes and with locks. To prevent this deficiency from reoccurring, all staff and new manager educated on the changes and state rules concerning narcotic storage. Narcotic storage has been added to the weekly audit checklist for the managers to make sure this stay in compliance. Reports are submitted to the RN weekly. The registered nurse will monitor the audit checklist weekly and on site assessment will be performed by the registered nurse monthly. The QP will monitor during monthly supervisions of managers and staff at this facility.	2/14/24

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V 120	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were stored separately for 3 of 3 audited clients (#3, #4, & #5). The findings are:</p> <p>Review on 2/8/24 and 2/9/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/4/22 - Diagnoses of: Mild-Moderate Intellectual Developmental Disorder (IDD), Attention-Deficit/Hyperactivity Disorder (ADHD), combined type, Oppositional Defiant Disorder, Generalized Anxiety Disorder, and Other Specified Depressive Disorder - A physician's order dated 11/1/23 for Alprazolam 1 milligram (mg) take 1 to 2 tablets (tab) by mouth (PO) 1 hour before known major stressor (Anxiety) <p>Review on 2/8/24 and 2/9/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/9/22 - Diagnoses of: IDD, Schizoaffective Disorder Bipolar, ADHD, Seizure Disorder, Prediabetes, Impulse Control Disorder, Anxiety, Asthma without complications, and Hypertension - A physician's order dated 8/14/23 for Clonazepam 0.5mg take 1 tab PO once daily (Anxiety) <p>Review on 2/8/24 and 2/9/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/25/2022 - Diagnoses of: Autism, Moderate IDD, and ADHD - Physician's orders for the following medications: - 3/16/23: Lorazepam 1mg take 1 tab PO in the 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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NAME OF PROVIDER OR SUPPLIER ALIEAH'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 BYNUM'S PLACE NORLINA, NC 27563
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V 120	<p>Continued From page 11</p> <p>morning, 1/2 tab in the afternoon, 2 tabs at night, and 1 tab once daily as needed (Agitation)</p> <ul style="list-style-type: none"> - 12/7/23: Ritalin 10mg take 1 tab PO at 12pm, 1 tab at 2pm and 1 tab at 4pm (ADHD) and Quillivant 25mg take 60mg once daily (ADHD) <p>Observation on 2/8/23 at 3:25pm of the facility's controlled medication storage container revealed the following medications:</p> <ul style="list-style-type: none"> - Client #3's Alprazolam 1mg pill bottle - Client #4's Clonazepam 0.5mg pill bottle - Client #5's Lorazepam 1mg pill packet, Ritalin 10mg pill packet and bottle of Quillivant 25mg <p>Interview on 2/13/24 the House Manager reported:</p> <ul style="list-style-type: none"> - The Licensee/Registered Nurse (RN) was responsible for overseeing the clients' medications - The Licensee/RN instructed her to stored the clients' controlled medications together - Didn't know the clients' controlled medications should've been separated - Planned to separate the clients' controlled medications "immediately" <p>Interview on 2/13/24 the Licensee/RN reported:</p> <ul style="list-style-type: none"> - She's responsible for overseeing staff and the proper storage of clients' medications - She's always stored the clients' controlled medications together in a locked medication box - She was unaware clients' controlled medications had to be stored separately 	V 120		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a</p>	V 289	<p>Deficiency rule 27G .5601</p> <p>This waiver of license has been sent off for and awaiting the return of the form. The waiver was submitted with</p>	<p>2/14/24</p> <p>Ongoing has not returned</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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V 289	<p>Continued From page 12</p> <p>home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor</p>	V 289	<p>collaboration with the MCO and expedited.</p> <p>To prevent this from reoccurring, if there are any members admitted under eighteen years of age, waivers will be requested before expiration date draws near in collaboration with Care Coordinator.</p> <p>This will be monitored by the CEO and the QP yearly when applies. Corporate compliance Assistant will monitor during any file audits to assure those members who require a waiver letter has one present and updated in the file.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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V 289	<p>Continued From page 13</p> <p>clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of their program, affecting 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 2/9/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/25/2022 - Age 17 - Diagnoses of: Autism, Moderate Intellectual Developmental Disability, and Attention-Deficit/Hyperactivity Disorder - A Waiver of Licensure Rules approval letter dated 10/21/22 : "Waiver of these rules will permit the facility to allow a 16-year-old consumer [Client #5's initials] who will turn 18 in October 2024 to reside in the facility with two adults who's primary diagnosis is a developmental disability..." 	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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V 289	<p>Continued From page 14</p> <ul style="list-style-type: none"> - The Waiver of Licensure Rules had an expiration date of 12/31/22 <p>Attempted interview on 2/13/24 with client #5 was unsuccessful because client #5 was nonverbal.</p> <p>Interview on 2/9/24 the Corporate Compliance Assistant reported:</p> <ul style="list-style-type: none"> - The Chief Executive Officer (CEO) was responsible for renewing the Waiver of Licensure Rules - Client #5's Local Management Entity-Managed Care Organization (LME/MCO) representative informed the CEO that they would renew the Waiver of Licensure Rules <p>Interview on 2/14/24 the CEO reported:</p> <ul style="list-style-type: none"> - Was unaware the Waiver of Licensure Rules had expired - Was unaware the waiver needed to be renewed annually - Contacted client #5's LME/MCO and initiated the process to expedite the Waiver of Licensure Rules renewal "a few days ago" 	V 289		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <ol style="list-style-type: none"> (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private 	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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V 364	<p>Continued From page 15</p> <p>physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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V 364	<p>Continued From page 16</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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V 364	<p>Continued From page 17</p> <p>habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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NAME OF PROVIDER OR SUPPLIER ALIEAH'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 BYNUM'S PLACE NORLINA, NC 27563
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V 364	<p>Continued From page 18</p> <p>appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. 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 at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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NAME OF PROVIDER OR SUPPLIER ALIEAH'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 BYNUM'S PLACE NORLINA, NC 27563
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V 364	<p>Continued From page 19</p> <p>individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the restriction of access to personal property had a written statement detailing the reason for the restriction affecting 1 of 3 audited clients (#3), and failed to review the restriction as required for 2 of 3 audited clients (#3 & #5). The findings are:</p> <p>Review on 2/9/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/4/22 - Diagnoses of: Mild-Moderate Intellectual Developmental Disorder (IDD), Attention-Deficit/Hyperactivity Disorder (ADHD), combined type, Oppositional Defiant Disorder, Generalized Anxiety Disorder, and Other Specified Depressive Disorder - No written statement detailing the reason for rights restriction or review of the restriction - No documentation showing client #3's rights restriction was reviewed every 7 days <p>Attempted interview on 2/13/24 with client #3 was unsuccessful because client #3 was unable to answer the questions asked.</p> <p>Review on 2/9/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/25/2022 - Diagnoses of: Autism, Moderate IDD, and ADHD - A treatment plan dated 9/26/23: "[Client #5's initials] has a history of exhibiting property 	V 364	<p>Deficiency rule G.S. 122C-62, 122C-51, 12C-61</p> <p>This deficiency was corrected by removing all the locks from the properties of members #3 and #5 Parents informed of changes and explained the correct process to perform restrictions.</p> <p>To prevent deficiency from reoccurring a meeting by phone with Care coordinators and parents on the protocols for the restrictions occurred. Form created for any future restrictions to document review of rights restriction every seven days. The QP will be responsible for the seven day reviews and updating treatment plan stating the need for any restrictions. The QP is the only one who updates plans. Also, the client rights committee will be notified of any agreed restrictions for further monitoring.</p> <p>The Qualified Professional will be monitoring any restrictions every</p>	2/14/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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NAME OF PROVIDER OR SUPPLIER ALIEAH'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 BYNUM'S PLACE NORLINA, NC 27563
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V 364	<p>Continued From page 20</p> <p>damage...the frequency and severity of his property damage compelled his group home to limit his access to his clothing and toys.."</p> <ul style="list-style-type: none"> - No documentation showing client #5's rights restriction was reviewed every 7 days <p>Attempted interview on 2/13/24 with client #5 was unsuccessful because client #5 was nonverbal.</p> <p>Observation on 2/8/24 at 1:12pm during the facility tour revealed:</p> <ul style="list-style-type: none"> - The House Manager retrieved a set of keys and unlocked client #3's bedroom closet door - A locked padlock on client #5's bedroom closet door <p>Interview on 2/8/24 the House Manager reported:</p> <ul style="list-style-type: none"> - Client #3 & #5's closets were locked because they "tear up" their clothes - Staff kept a key to the clients' closets and gave it to the clients when they "asked for it" - The clients "always" had access to their personal property <p>Interview on 2/8/24 the Corporate Compliance Assistant reported:</p> <ul style="list-style-type: none"> - Client #3 and #5's closets were locked because they "destroyed their property" - Client #3 and #5's guardians requested for their closets to be locked because they were "tired of always having to purchase them clothes" - The clients had access to their closets whenever they asked the staff and they were never denied access to their closet - Was unaware the locked doors were a rights restriction - The rights restriction wasn't reviewed every 7 days <p>Interview on 2/13/24 the Qualified Professional</p>	V 364	<p>seven days. The client's right committee will assess on site no less than once a month, making sure all documentation is in place and in the treatment plan.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2024
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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
V 364	<p>Continued From page 21</p> <p>(QP) reported:</p> <ul style="list-style-type: none"> - She and the Licensee/Registered Nurse (RN) was responsible for developing the clients' treatment plans and reviewing rights restrictions - Clients #3 and #4 destroyed their property and clothing - Client #3 and #4's guardians requested for the facility to put a lock on their closet - A staff was always with client #3 and #4 so they "always" had access to their items - "Don't know if we met that requirement" of reviewing the rights restriction every 7 days <p>Interview on 2/13/24 the Licensee/RN reported:</p> <ul style="list-style-type: none"> - The team met to discuss the clients' rights restrictions, but she could not recall when - The QP and Chief Executive Officer (CEO) knew more information regarding the rights restriction meetings - "I don't know a lot about the restrictions" <p>Interview on 2/14/24 the CEO reported:</p> <ul style="list-style-type: none"> - The Client's Rights Committee approved client #3 and #4's rights restriction to lock their closet door, but he could not recall when - The rights restrictions weren't added to the clients' treatment plan and no meetings were held to review the restrictions - He and the QP were responsible for updating the clients' treatment plans and coordinating the rights restriction meetings 	V 364		