

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2023
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NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 STEVEN DRIVE ROCKY MOUNT, NC 27801
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 5/23/23. The complaint was substantiated (Intake NC#00200446). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	MAHOH will follow its discharge policy and make the best efforts to ensure that the clients are safe, secure, and supervised 24/7/365. MAHOH will make every effort, when problems are realized to work with the client, the responsible person, case manager and others to resolve the situation. In case of an emergency, MAHOH will notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized-which was done in this situation. The discharge of the client will be done by prior written notification to the consumer, the responsible person, Mental health, and the applicable local services agencies and will allow 30 days for discharge or transfer unless otherwise agreed upon between MAHOH and client/legal guardian due to the breach in the agreement of MAHOH's Zero Tolerance policy state in the Admission Agreement. A service planning meeting will be held within 5 days of an emergency transfer. MAHOH will continue to use best practice to keep the client safe, secure, and supervised.	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105		

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MHL & C 4/1/24

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

Andrea Green, CCO

TITLE

Corporate Compliance Officer

(X6) DATE

4/1/24

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to implement their written policy for discharge. The findings are:</p> <p>Review on 5/16/23 of Former Client (FC) #1 revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/25/23 - Diagnoses: Unspecified Trauma and Stressor related disorder and Attention-Deficit/Hyperactivity Disorder, predominantly hyperactivity/impulsive presentation - Discharged: 3/11/23 <p>Review on 5/16/23 of the facility's discharge policy revealed:</p> <ul style="list-style-type: none"> - "...Every effort must be made when problems are realized to work with the client, the responsible person, case manager and others to resolve the situation..." - "...In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized..." - "...The discharge of the client will be done by prior written notification to the consumer. The responsible person. Mental health and the applicable local service agencies and will allow 30 days for discharge or transfer unless otherwise agreed upon between MAHOH (Michael's Angels Home of Healing) and client/legal guardian due to breach in the agreement of MAHOH's Zero tolerance policy stated in the Admission 	V 105		
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V 105	<p>Continued From page 3</p> <p>Agreement(G)..."</p> <ul style="list-style-type: none"> - "...A service planning meeting shall be held within five business days of emergency transfer." <p>Review on 5/16/23 of the letter of intent to discharge dated 3/10/23 revealed:</p> <ul style="list-style-type: none"> - "This letter is to inform you that due to the circumstances noted below you will be discharged from our facility effective thirty days from the date of this notice unless we reach an agreement with you or your guardian/representative to do so on an earlier date of March 11, 2023. ...On behalf of MAHOH, immediate efforts will be made to assist you in arranging for discharge..." <p>Interview on 5/17/23 staff #1 reported:</p> <ul style="list-style-type: none"> - been employed since February 2023 - was a paraprofessional - worked 2nd shift and weekends - was working when FC #1 eloped - FC#1 was upset about "a few things" but couldn't remember what - FC#1 kept going in her room trying to lock staff out which is not allowed by the facility - FC#1 put up her window and was advised to put it down - FC#1 was being very defiant and didn't want to listen to staff - Staff #1 tried talking to her and told her about the consequences of leaving and that they didn't want her to leave - FC#1 went out the window - Staff #1 notified the CCO (Corporate Compliance Officer) and the Director - She was advised to call local law enforcement - local law enforcement bought FC#1 back to the facility and gave her a "pep talk" - FC#1 went to sleep in the living room where 	V 105		
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V 105	<p>Continued From page 4</p> <p>she could be supervised</p> <p>Interview on 5/17/23 FC#1's guardian reported:</p> <ul style="list-style-type: none"> - been FC#1's guardian since 2018 - FC#1 did not have any history of eloping - the facility demanded she come and get FC#1 - the facility called the on-call for the Department of Social Services (DSS) in the middle of the night on a weekend for someone to pick up FC#1 - the CCO was texting her all night, midnight, stating that she needed to get FC#1 - no discharge was discussed prior to this situation - FC#1 had behaviors but never to this extent - the facility didn't have anything together for her to be discharged - she asked the facility if they could wait until Monday but they wanted her to be picked up immediately - the facility didn't have any recommendations for placement nor did they help find placement - she needed to find babysitting for her own child since it was a Saturday before she could pick up FC#1 - the CCO was texting her 6:30am Saturday morning asking what time they were coming to get FC#1 - the facility knew how impulsive FC#1 was because that was a part of her diagnosis - when FC#1 returned back to the facility after eloping, she went to sleep and woke up and apologized and cried because she didn't want to leave - FC#1 was put in respite for a few weeks until placement was found <p>Interview on 5/17/23 the care manager at the Local Management Entity/Managed Care</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>Organization (LME/MCO) reported:</p> <ul style="list-style-type: none"> - they went by best practice and normally scheduled a treatment team meeting before discharge - the facility helped with referrals and placement and provided a crisis plan but this was an "overnight thing" <p>Interview on 5/17/23 the CCO reported:</p> <ul style="list-style-type: none"> - FC#1 eloped and went to the neighbor's house - FC#1 was threatening to elope everyday until she was discharged - lied to the neighbors telling them she was being abused at the facility - lying was the facility's biggest liability - FC#1 told the police she eloped because she didn't want to be there - there was no meeting with the guardian, LME/MCO and the facility to discuss the elopement that night - spoke with FC#1's guardian about FC#1 previously walking off from an outing but didn't have any documentation - the facility and the guardian came up with an agreement to give FC#1 back to DSS but DSS wanted to wait until Monday - the CCO stayed the night that night to help supervise FC#1 - FC#1 woke up the next morning like nothing ever happened - confirmed no documentation addressing any history of elopement - confirmed no documentation of attempts to address elopement on 3/10/23 - confirmed no documentation of any discharge meetings or discussions of discharge even at the most recent CFT (child and family team meeting) held on 2/28/23 	V 105		