

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2024</b>
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NAME OF PROVIDER OR SUPPLIER  
**ELMORE-BLACKLEY FELLOWSHIP HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**110 SOUTH LAYTON AVENUE  
DUNN, NC 28334**

(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 000	<b>INITIAL COMMENTS</b>  An annual survey was completed on March 20, 2024. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.  The facility is licensed for 8 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 113	<b>27G .0206 Client Records</b>  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek	V 113	Plan of Correction 10A NCAC 27G.0206 Client Records (V113)  Consent for Emergency Care Form was retrieved, signed by client and added to Clients file by program manager on 3/20/2024  Future clients' initial intake paperwork has been assembled according to procedural manual and placed into individual intake packets by program manager.  Prior to new client intake, program manager will check intake packet assuring all elements are in place according to procedural manual. Program manager will monitor prevention measures by checking completed intake paperwork for any missing forms, dates or signatures.  Audits of client packets will take place on the day before and day after each new client intake.	

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

TITLE

(X6) DATE

*[Signature]* **CLADC, LCAS-A**

*[Signature]* **Program Director/Manager**

**4/17/24**

STATE FORM

6899

21OL11

**RECEIVED**

If continuation sheet 1 of 12

**APR 23 2024**

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V 113	<p>Continued From page 1</p> <p>emergency care from a hospital or physician;                      (7) documentation of services provided;                      (8) documentation of progress toward outcomes;                      (9) if applicable:                      (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);                      (B) medication orders;                      (C) orders and copies of lab tests; and                      (D) documentation of medication and administration errors and adverse drug reactions.                      (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by:                      Based on record reviews and interviews the facility failed to obtain a signed statement from the client or legally responsible person granting permission to seek emergency care affecting one of two audited clients (#1). The findings are:</p> <p>Review on 3/19/24 of client #1's record revealed:                      -35 year old male admitted 8/15/23.                      -Diagnoses included Cocaine Dependence; Anxiety; Depression; Gastroesophageal Reflux Disease.                      -No consent to seek emergency care.</p> <p>Interview on 3/20/23 client #1 stated he had been at the facility for about 6 months.</p> <p>Interview on 3/20/24 the Director stated he</p>	V 113		
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V 113	Continued From page 2 thought an emergency consent was filed for client #1. He would secure one.	V 113		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:  Review on 3/19/24 of facility records from March 2023 thru February 2024 revealed: Fire Drills: -No 7am-7pm and 7pm-7am weekend fire drills documented for the March 2023-May 2023 quarter. -No 7pm-7am weekend fire drill documented for the June -August 2023 quarter.	V 114	Plan of correction 10A NCAC 27G.0207 Emergency Plans and Supplies (V114)  One fire drill and one tornado drill have been completed, documented and filled since 3/20/24. Disaster drill schedule has been constructed to ensure state requirements are met. <i>Completed 4/15/24 RL</i>  Rule 27G.0207 has been posted on the alarm box in office. A disaster drill calendar has also been posted next to the rule. Disaster drill log sheets have been updated to document the shift in which it was performed. Staff has been scheduled to coordinate at least one fire and tornado drill on their shift quarterly. <i>Completed 4/15/24 RL</i>  Program manager will schedule, monitor and perform disaster drills to satisfy requirements.  Audits of disaster logs, schedule and calendar updates will be performed at least monthly and the day following each disaster drill.	

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V 114	<p>Continued From page 3</p> <p>-No 7pm-7am weekend fire drill documented for the December 2023 - February 2024 quarter. -There were no documented fire drills for August 2023 - November 2023.</p> <p>Disaster Drills: -No 7am-7pm and 7pm-7am weekend disaster drills documented for the March 2023-May 2023 quarter. -No 7pm-7am weekend disaster drill documented for the June -August 2023 quarter. -No 7pm-7am weekend disaster drill documented for the December 2023 - February 2024 quarter. -There were no documented disaster drills for March 2023 and August 2023 - November 2023.</p> <p>-Fire and disaster drills reviewed for March 2023 thru February 2024 were all documented with the same dates and times.</p> <p>Interview 3/19/24 client #1 stated: -He had resided at the facility for approximately 6 months and had participated in fire and disaster drills.</p> <p>Interview 3/20/24 client #2 stated: -He had resided at the facility for approximately 1 month and had participated in drills.</p> <p>Interview on 3/20/24 the Director stated: -Fire and disaster drills were completed monthly with varying staff. -Drill were probably not completed during the gap of date. -He understood fire and disaster drill needed to be conducted on all weekend and weekend shifts quarterly.</p> <p>Interview on 3/19/24 the Executive Director stated:</p>	V 114		
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V 114	Continued From page 4  -Shifts at the facility were: -12pm-7pm; 7pm-10am Weekdays -7am-11pm and 11am-7am Weekends -The facility was vacant 10am-12pm weekdays due to client's being at work.	V 114		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of	V 133	Plan of correction G. S. 122C-80 Criminal Records Check (V133)  Program manager submitted a request to a private entity (Clear Checks) to conduct a criminal history check for the night manager on 4/14/2024. Program manager reviewed completed background check and placed in night manager's file on 4/15/2024.  Program Manager began updating agency information with CIIS Access Integrity Unit on 3/28/24. CIIS updated our agency on 4/8/24. Program manager requested access to ABCMS system on 4/11/24 and is awaiting response.  Program Manager will ensure that current staff files will be reviewed quarterly to assure compliance and completeness per state law and procedure manual.  Prospective and newly hired staff files will be monitored daily during onboarding until process is completed.	

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V 133	<p>Continued From page 5</p> <p>Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public</p>	V 133		
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V 133	<p>Continued From page 6</p> <p>records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal</li> </ol>	V 133		
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V 133	<p>Continued From page 7</p> <p>history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina</p>	V 133		



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V 133	<p>Continued From page 8</p> <p>Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to request state criminal background check within five business days of employment for 1 of 3 audited staff (#1). The findings are:</p>	V 133		

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V 133	Continued From page 9  Finding #1 Review on 3/19/24 of staff #1's personnel record revealed: -Hire date: 6/22/23 -No documentation of a criminal background check.  Interview on 3/19/24 staff #1 stated: -He had worked at the facility since June 2023.  Interview on 3/19/24 the Director stated: -Staff #1 should have had a criminal record check filed in his personnel file. He understood the facility was required to request a state criminal background check within five business days of employment.	V 133	Plan of Correction 10A NCAC 27G .5602 Staff (V290)  Night manager has been trained and evaluated for competency in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drugs by the program manager. The certificate of training completion was placed in night manager's file. on 4/17/2024 RL	
V 290	27G .5602 Supervised Living - Staff  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 the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance	V 290	Program manager will conduct alcohol and other drug withdrawal symptoms and secondary complications training with each new employee. Program manager will provide continuing education on a as needed basis but not less than yearly.  Program Manager will be responsible for monitoring and conducting education and review on new and current staff. Program manager will be responsible for providing documentation of training completion in staff file.  New staff files will be reviewed daily during onboarding process until completed in accordance with procedure manual.	

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V 290	<p>Continued From page 10</p> <p>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 review and interview the facility failed to ensure at least one staff member on duty was trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addictions for 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 3/19/24 of staff #1's record revealed: -Hire date of 6/22/23</p>	V 290		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELMORE-BLACKLEY FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 SOUTH LAYTON AVENUE DUNN, NC 28334</b>
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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 290	<p>Continued From page 11</p> <p>-No documented substance abuse trainings.</p> <p>Interview on 3/20/24 staff #1 stated:                      -He had worked since June 2023.                      -He trained in life saving skills, first and and cardio pulmonary resuscitation (CPR).                      -He had substance abuse training with the counselors.                      -He worked third shift sometimes.                      -Another counselor comes in on third shift sometimes.</p> <p>Interview on 3/20/24 the Director stated he had worked as the Director for 2 months and understood staff must be trained in alcohol and other drug withdrawal symptoms.</p>	V 290		