

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINE STREET 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4145 PINE STREET SALISBURY, NC 28147</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on April 23, 2024. The complaint was unsubstantiated (Intake # NC00215871). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 111	<p><b>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(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;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete an assessment prior to the delivery of services affecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>Review on 4/17/24 of client #1's record revealed: -Date of Admission: Unknown; -Diagnoses: Autism Disorder; Intellectual Developmental Disabilities, Moderate; Raynaud's Syndrome (certain areas of the body feel numb or cool); Schizophrenia, unspecified; Bipolar, unspecified; and Attention Deficit Hyperactive Disorder, predominately hyperactive type; -No documentation of an admission date to Pine Street 2.</p> <p>Interview on 4/22/24 with client #1 revealed: -He did not know how long he had been admitted in the facility.</p> <p>Review on 4/17/24 of client #2's record revealed: Date of Admission: Unknown; Diagnoses: Autistic Disorder; Psychotic Disorder; Unspecified Intellectual Disability; Delayed Reaction (DR) to Depakote-Thrombocytopenia;</p>	V 111		

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V 111	<p>Continued From page 2</p> <p>and Adverse Drug Reaction (ADR) to Haldol-Dystonia; -No documentation of an admission date to Pine Street 2.</p> <p>Interview on 4/22/24 with client #2 revealed: -He did not respond to how long he had been in the facility.</p> <p>Interview on 4/15/24 with the Qualified Professional (QP) revealed: -"I have been out of town due to a family emergency from February 2024 and recently returned to work last week (4/4/24);" -She had been the QP since November of 2023.</p> <p>Interview on 4/17/24 with the Director of Compliance (DOC) revealed: -No admission assessment was completed when client #1 and client #2 were moved to Pine Street 2; -No dates were provided for when client #1 and client #2 were moved to Pine Street 2. The move was "three to four weeks ago."</p>	V 111		
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</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>under conditions that simulate fire emergencies. (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 interviews, the facility failed to conduct fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 4/23/24 of the facility's fire and disaster drills from April 2023 to March 2024 revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of fire or disaster drills having been conducted from January 2023 to March 2023 for third shifts (11pm to 7am);</li> <li>-No documentation of fire drills having been conducted from January 2023 to March 2023 for first shifts (7am to 3 pm);</li> <li>-No documentation of disaster drills having been conducted from July 2023 to September 2023 for second shifts (3pm to 11pm);</li> <li>-No documentation of fire drills having been conducted from July 2023 to September 2023 for first shifts (7am to 3pm);</li> <li>-No documentation of fire and disaster drills having been conducted for third shifts (11pm to 7am) and first shifts (7am to 3pm).</li> </ul> <p>Interview on 4/22/24 with client #1 revealed: -He participated in fire and disaster drills and the meeting place for a fire drill was outside.</p> <p>Interview on 4/22/24 with client #2 revealed: -He did not answer the question.</p> <p>Interview on 4/16/24 with the Lead Residential</p>	V 114		

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V 114	Continued From page 4  Direct Support revealed: -He facilitated disaster drills once a month at the same time; -" ... they (staff) try not to do drills during the middle of the night but he knows that one will need to be done."	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to the date of hire affecting 2 of 3 audited staff (#2 and Owner/Licensee (O/L)). The findings are:  Review on 4/22/24 of staff #2's record revealed: -Date of Hire: 10/26/23; -No documentation of HCPR was provided.  Review on 4/22/24 of O/L's record revealed: -Date of Hire: 3/2014; -No documentation of HCPR was provided.	V 131		

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V 131	Continued From page 5  Interview on 4/15/24 & 4/23/24 with the Director of Compliance revealed: -Prior to HR having been hired, she performed multiple jobs; -The licensee had experienced a lot of turnover and a recent "hiring surge."	V 131		