

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2024
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NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 25, 2024. 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 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (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; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>(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 interview, the facility failed to ensure record were complete for one of three clients (#1). The findings are:</p> <p>Review on 4/24/24 of client #1's record revealed: -Admission date of 9/4/21. -Diagnoses of Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder and Learning Disorder. -There was no documentation of the admission assessment.</p> <p>Interview on 4/24/24 and 4/25/24 with the Manager revealed: -The assessment was completed on client #1. -He thought the document was filed at the office. -Admission assessments were completed by the Qualified Professional.</p>	V 113		

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V 113	Continued From page 2 -Acknowledged the facility failed to ensure the client's record was complete.	V 113		
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 fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 4/25/24 of the facility fire and disaster drill log from April 2024- April 2024 revealed: -There were no fire drills conducted for the 2nd quarter (April, May, June) of 2023. -There was no documentation of disaster drills being conducted by the facility staff.</p> <p>Interview with the Manager on 4/25/24 revealed:</p>	V 114		

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V 114	Continued From page 3 -The drills were completed by staff #1. -The documents were located somewhere in the group home but should have been in the notebook. -He confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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 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	V 290		

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V 290	<p>Continued From page 4</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 assess and document client's capability of having unsupervised time in the home and community for three of three audited clients (#1, #2 and #3.) The findings are: Review on 4/24/24 of client #1's record revealed: -Admission date of 9/4/21. -Diagnoses of Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder and Learning Disorder. -There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Review on 4/24/24 of client #2's record revealed: -Admission date of 1/20/23.</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>-Diagnoses of Diabetes, Hypertension, Dementia, Hyperlipidemia, Benign Prostrate Hyperplasia, Degenerative Disc Disorder and Chronic Anxiety -There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Review on 4/24/24 of client #3's record revealed: -Admission date of 2/25/24. -Diagnoses of Mild Intellectual Disability, Major Depressive Disorder, History of recurrent Deep vein thrombosis, Urinary incontinence and Primary open angle glaucoma both eyes. -There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Observed on 4/24/24 @ 11:15am the Manager left the clients unsupervised in the home to run to the office to obtain client records. The Manager returned to the facility within 20 minutes.</p> <p>Interview on 4/25/24 with the Manager revealed: -The assessments were completed by the Qualified Professional. -They were in the process of switching to a new form. -The assessments did not have signatures of the clients and only staff. -Confirmed the facility failed to assess and document client's capability of having unsupervised time in the home and community.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		