

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 092-516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2024
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NAME OF PROVIDER OR SUPPLIER MARY'S MANOR II	STREET ADDRESS, CITY, STATE, ZIP CODE 501 BUNN STREET ZEBULON, NC 27597
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V 000	<p>INITIAL COMMENTS</p> <p>An annual & follow up survey was completed on 5/10/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 6 and currently has a census of 6. The .5600A has a current census of 6 and the 5100 has a current census of 0. The survey sample consisted of audits of 3 current clients in the 5600A.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and</p>	V 108	<p style="text-align: center;">RECEIVED JUN 21 2024 DHSR-MH Licensure Sect</p>	

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

Mary McCullers TITLE *Owner* (X6) DATE *6/15/24*

STATE FORM 6899 HU2011 If continuation sheet of 16

Division of Health Service Regulation

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V 108

Continued From page 1

trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.

(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 1 of 2 audited staff (the Qualified Professional (QP)) had training to meet the mh/dd/sa needs of the clients. The findings are:

Review on 5/10/24 of the QP's record revealed:

- Hired: 12/16/23
- no documentation of training in bloodborne pathogens, infectious diseases, clients rights, confidentiality or any client specific training

Interview on 5/6/24 the QP reported:

- been employed since December 2023
- he had completed trainings and the owner should have had them

Interview on 5/6/24 & 5/10/24 the Owner reported:

- the QP didn't work directly with the clients and did not receive trainings but she would fax what she had from his personnel file
- she sent the QP to a trainer that did all of their trainings but the trainer didn't keep copies of the trainings

V 108

College degree was shown, QP is getting his training from his job, which he is a manager at Murdock in Butner

6/1/24

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V 108	Continued From page 2 - she stated that the QP's trainings could have been boxed away because he was the QP for her other facility before she sold it - confirmed that she could not locate any trainings for the QP	V 108		
V 113	27G .0206 Client Records 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 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	V 113	mm All	

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V 113 Continued From page 3
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.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to complete admission assessments for 3 of 3 audited clients (#2, #3, #6). The findings are:

Review on 5/2/24 client #2's record revealed:
- admitted: 12/6/23
- diagnoses: Major Depression, Seizures, and Traumatic Brain Injury
- no documentation of an admission assessment being completed

Review on 5/2/24 of client #3's record revealed:
- admitted: 12/16/23
- diagnoses: Disorganized Schizophrenia, Borderline Intellectual Disability & Cocaine Use Disorder
- no documentation of an admission assessment being completed

Review on 5/2/24 of client #6's record revealed:
- admitted: 12/16/23
- diagnoses: Bipolar Disorder, Insomnia, Type 2 Diabetes, Asthma, Hypertension,

V 113

All assessments have been completed on all 6 clients that was admitted 5/20/24
12/16/24

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V 113	<p>Continued From page 4</p> <p>Gastroesophageal Reflux Disorder, Anemia and Hyperlipidemia</p> <ul style="list-style-type: none"> - no documentation of an admission assessment being completed <p>Interview on 5/6/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - he had not done any admission assessments - he was not sure if that was one of his job duties - he was just told by the Owner that the QP was responsible for admission assessments but "I didn't know" <p>Interview on 5/2/24 & 5/10/24 the Owner reported:</p> <ul style="list-style-type: none"> - she did not remember doing admission assessments when the clients' relocated to this facility - she would do them although they would be late so she could have them in the clients' record - she was able to get an admission assessment template from another provider and was in the process of completing them for all the client's records 	V 113	<p><i>All completed</i></p> <p><i>5/20/24</i></p>	
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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.</p>	V 131		

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V 133	<p>Continued From page 10</p> <p>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. (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 a criminal history record check within five business days of making the conditional offer of employment affecting 1 of 2 audited staff (#1). The findings are:</p> <p>Review on 5/2/24 & 5/10/24 staff #1's record revealed:</p> <ul style="list-style-type: none"> - hired: 12/16/23 - title: Habilitation Technician I - no documentation of a criminal history record check being requested <p>Interview on 5/6/24 the Owner reported:</p> <ul style="list-style-type: none"> - she was responsible for requesting background checks - she could not find staff #1's background check but she knew she did one when she was hired - "I honestly don't know what happened to it" - confirmed that she could not locate staff #1's background check 	V 133	<p><i>criminal back ground pulled 5/6/24, but couldn't find it but got it off the back ground check</i></p>	5/15/24

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V 290	Continued From page 11	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</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</p>	V 290		

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V 290	<p>Continued From page 13</p> <ul style="list-style-type: none"> - diagnoses of Bipolar Disorder, Insomnia, Type 2 Diabetes, Asthma, Hypertension, Gastroesophageal Reflux Disorder, Anemia, and Hyperlipidemia - no documentation of an unsupervised time assessment being completed <p>Interview on 5/2/24 client #6 reported:</p> <ul style="list-style-type: none"> - she attended a day program - the bus took her to the day program and brought her back to the facility - there was no staff on the bus but there was staff at the day program <p>Interview on 5/2/24 staff #1 reported:</p> <ul style="list-style-type: none"> - client #4 worked at a local gas station and drove herself to and from work <p>Interview on 5/6/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - unsupervised time assessments was not one of his responsibilities and had never done them - the Owner never mentioned anything about unsupervised time <p>Interview on 5/2/24 & 5/10/24 the Owner reported:</p> <ul style="list-style-type: none"> - she hadn't done unsupervised time assessments because no one really used unsupervised time - client #4 had her own car and was driving to and from work - client #5 & client #6 caught public transportation to and from their day program - stated that she understands now that riding public transportation is unsupervised time because there was no staff on the bus and that client #4 was unsupervised when she was driving herself to work - she spoke with the QP and he would be 	V 290	<p><i>All unsupervised ones that attend Day program have been signed by Dr and put on the Q plan</i></p>	
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V 290	Continued From page 14 coming to the facility to revise the clients' care plan and put the unsupervised time in them This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the temperature of the water between 100-116 degrees Fahrenheit. The findings are: Observation on 5/2/24 at approximately 10:45am revealed: - upstairs bathroom water temperature was 94 degrees in the sink and the bath tub - half bathroom sink downstairs by the laundry room was 92 degrees - kitchen sink was 94 degrees Interview on 5/2/24 staff #1 reported: - the maintenance man came out last week to adjust it - the maintenance man had been out 3 times because the water was either too hot or not hot	V 752	<i>Handyman came and the water temperature is set at 114</i>	<i>5/12/24</i>

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V 752	Continued From page 15 enough Interview on 5/2/24 the Owner reported: - the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low - she would call him to come back out and adjust it again	V 752		