

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER PINE STREET 2	STREET ADDRESS, CITY, STATE, ZIP CODE 4145 PINE STREET SALISBURY, NC 28147
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V 000	<p>INITIAL COMMENTS</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	Left Blank	
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</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"> (1) the client's presenting problem; (2) the client's needs and strengths; (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; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111	<p>RECEIVED JUL 21 2024 DHRS-MH Licensure Sect</p>	

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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	Left Blank	
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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	<p>An assessment will be completed upon admission of a new member and at any time that a member is internally transitioned to a new facility.</p> <p>Admission and transition dates will be documented for tracking purposes in member records.</p> <p>Responsible: Qualified Professional will be responsible for completion of assessments and documenting admission and transition dates in the member files.</p>	
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	<p>Completion date: June 22, 2024</p>	

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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"> -No documentation of fire or disaster drills having been conducted from January 2023 to March 2023 for third shifts (11pm to 7am); -No documentation of fire drills having been conducted from January 2023 to March 2023 for first shifts (7am to 3 pm); -No documentation of disaster drills having been conducted from July 2023 to September 2023 for second shifts (3pm to 11pm); -No documentation of fire drills having been conducted from July 2023 to September 2023 for first shifts (7am to 3pm); -No documentation of fire and disaster drills having been conducted for third shifts (11pm to 7am) and first shifts (7am to 3pm). <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	<p>Fire and disaster drill forms have been revised to indicate when drills are to be conducted to ensure that drills are run once per quarter per shift. Disaster Drills will reflect varying situations.</p> <p>(updated forms attached)</p> <p>Responsible: The Site Manager will ensure that drills are run monthly as scheduled. The Qualified Professional will review to ensure drills are run as required.</p> <p>Completion date: June 22, 2024</p>	
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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	Left Blank	
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	An offer of employment is contingent upon a background check and health care registry check. If the applicant has lived in the state less than 5 years a state and national check, which will include the applicant's fingerprints will be done. This will all be done within 5 business days of an offer of employment. Dependent upon these checks HANDS Rowan will take into consideration: • The level and seriousness of crime • The date of crime • The age of the person convicted • Circumstances surrounding the crime • The type of crime • If a background check comes back with a an offense, upon review HANDS will determine, based on the above factors, and severity of the crime if it will warrant a withdrawal of their offer of employment. Responsible: Human Resources Department Completion date: June 22, 2024	
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