

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOKE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 313-A HOKE STREET NEW BERN, NC 28562
---	--

(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, complaint and follow up survey was completed on June 5, 2024. The complaint was unsubstantiated (intake #NC00217102). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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</p>	V 290		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOKE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 313-A HOKE STREET NEW BERN, NC 28562
---	--

(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 1</p> <p>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 reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting three of three audited clients (#1, #3 and #5). The findings are:</p> <p>Review on 6/5/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 47 year old female. - Admission date of 1/1/07 - Diagnoses of Intellectual Developmental Disability-Mild, Empty Sella Syndrome, Idiopathic Intracranial Hypertension, Hyperlipidemia, 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOKE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 313-A HOKE STREET NEW BERN, NC 28562
---	--

(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 2</p> <p>Asthma.</p> <ul style="list-style-type: none"> - Person-Centered Profile (PCP) dated 12/15/23..."What's Important to...Maintaining her 8 hours of unsupervised time in the community for work and 3 hours of unsupervised time in the home." - An unsupervised time consent and assessment signed by client #1 on 1/30/24. - No goals or strategies to support client #1's unsupervised time. <p>Review on 6/5/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 40 year old female. - Admission date of 6/8/17 - Diagnoses Anxiety, Social Anxiety Disorder, Developmental Delay and Hypothyroidism. - Person-Centered Profile (PCP) dated 1/4/24..."How Best To Support...[client #1] has unsupervised time in the home and in the community. She can spend up to two(2) hours per day in the home unsupervised and eight (8) hours of unsupervised time in the community for work only...ability to have unsupervised time is monitored and assessed annually." - An unsupervised time consent and assessment signed by client #3 on 1/30/24. - No goals or strategies to support client #1's unsupervised time. <p>Review on 6/5/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 46 year old female. - Admission date of 8/17/98 - Diagnoses of Trisomy 21, Gastroesophageal Reflux Disease, Allergic Rhinitis, Vitamin D Deficiency, Rosacea, Seborrheic Dermatitis and Right Hearing Loss. - Person-Centered Profile (PCP) dated 8/19/23..."How Best To Support...has been allocated up to eight (8) hours unsupervised time with her assigned guardian representative per 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOKE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 313-A HOKE STREET NEW BERN, NC 28562
---	--

(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 3</p> <p>week...has unsupervised time in the home and in the community...can spend up to two (2) hours per day in the home unsupervised and eight (8) hours in the community unsupervised...It should be noted that her unsupervised time in the community is for work only...ability to have unsupervised time is monitored and assessed annually."</p> <ul style="list-style-type: none"> - Unsupervised time consent and assessment signed by client #5 on 1/30/24. - No goals or strategies to support client #5's unsupervised time. <p>Interview on 6/5/24 client #'s 1, #3 and #5 all stated they utilized unsupervised time every now and then, they enjoyed the option of it.</p> <p>Interview on 6/5/24 the Qualified Profession stated he would implement goals and strategies in the clients treatment plans.</p>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/5/24 at approximately 1:15 pm revealed:</p> <ul style="list-style-type: none"> - The hood above the stove was dusty. - Room #4 had a 6 drawer dresser and 3 had no 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOKE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 313-A HOKE STREET NEW BERN, NC 28562
---	--

(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 736	<p>Continued From page 4</p> <p>handles.</p> <p>- The handicap bathroom had dark colored residue in between the tiles on the walls and the tile floor of the shower.</p> <p>Interview on 6/5/24 Qualified Professional stated:</p> <p>- He understood the facility was required to maintain a safe, clean, attractive and orderly manner .</p>	V 736		