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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEE & G ENRICHMENT #2	207 FRIENDLY ROAD BURLINGTON, NC 27215

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on August 13, 2024. The complaint was unsubstantiated (intake #NC00220038). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the responsible party, or a written statement by the provider stating why such consent could not be obtained affecting two of three clients (#1, and #2). The findings are:

Review on 8/13/24 of Client #1's record revealed:
-Admission date of 5/31/23
-Diagnoses of Impulse Control and Conduct Disorder; Moderate Intellectual Disorder; Hypothyroidism; Morbid Obesity
-Client #1 had a legal guardian.
-Client #1's Person Centered Plan had no current written consent or agreement by the responsible party.

Review on 8/13/24 of Client #2's record revealed:
-Admission date of 3/5/24. .
-Diagnoses of Dyslipidemia; Gastroesophageal Reflux Disease; Atrial Fibrillation, Learning Disability; Essential Hypertension, Benign.
-Client #2 had a legal guardian.
-Client #2's Person Centered Plan had no current written consent or agreement by the responsible party.

Interview over the phone on 8/13/24 with the

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 112	Continued From page 2 Qualified Professional revealed: -She had sent out the information from the treatment plans to their guardians. -Some of the guardians had signed the treatment plans for the clients and information was placed in their folders. -She did not know what may had happened and why the information was not in their folder. -She would resend the information to Client #1 and Client #2's legal guardians to be signed. Interview on 8/13/24 with the Administrator revealed: -They had some issues in getting the legal guardians sign the paperwork. -Sometimes, the information is brought in to the facility, but somehow, it is lost. They will look into finding other ways to secure the information. -She confirmed that the Person Centered Plans for clients #1 and #2 had no written consent or agreement by their responsible parties. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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,	V 113		

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V 113	Continued From page 3 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 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 reviews and interview, the facility failed to ensure records were complete affecting 3 of 3 current clients (#1, #2 and #3). The findings are:	V 113		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEE & G ENRICHMENT #2	207 FRIENDLY ROAD BURLINGTON, NC 27215

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V 113	Continued From page 4 Review on 8/13/24 of Client #1's record revealed: -Admission date of 5/31/23. -Diagnoses of Impulse control and conduct disorder; Moderate Intellectual Disorder; Hypothyroidism; Morbid Obesity. -Client #1 had a legal guardian. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of progress toward outcomes -Client #1 did not have a completed emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24. . -Diagnoses of Dyslipidemia; Gastroesophageal Reflux Disease; Atrial Fibrillation, Learning Disability; Essential Hypertension, Benign. -Client #2 had a legal guardian. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of progress toward outcomes. -There was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22. -Diagnoses of Diabetes Mellitus Type II, Mild Intellectual Disability; Hypertension; Hyperlipidemia; Tremors, Episodic Mood Disorder. -There was no documentation of a signed statement from the client granting permission to seek emergency care.	V 113		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 113	Continued From page 5 -There was no documentation of progress toward outcomes. Interview on 9/14/23 with the Administrator revealed: -They had some issues in getting the legal guardians sign the paperwork. -Sometimes, the information is brought in to the facility, but somehow, it is lost. They will look into finding other ways to secure the information. -She confirmed there was no documentation of a signed statement from the clients or their legally responsible person granting permission to seek emergency care for clients #1, #2 and #3. -She confirmed there was no documentation of progress toward outcomes for clients #1.#2 and #3. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of	V 118		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 118	Continued From page 6 all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, records reviews and interview, the facility failed to keep the MAR current affecting one of three audited clients (#3) . The findings are: Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22. -Diagnoses of Diabetes Mellitus Type II, Mild Intellectual Disability; Hypertension; Hyperlipidemia; Tremors, Episodic Mood Disorder. -Physician orders dated 4/3/24 for the following medications: -Gabapentin 300 milligrams (mg)- Take one capsule twice a day. -Vitamin D 1.25 mg- Take 1 capsule once a week.	V 118		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 118	Continued From page 7 Observation on 8/13/24 at about 12:00 pm of Client #3's medications revealed: -Gabapentin 300 mg was packaged in bubble packs for the week. Package contained both a morning and an evening daily dosage. -Vitamin D 1.25 mg was packaged in bubble packs for the week. Package only contained one dosage for the week. Review on 8/13/24 of Client #3's MARs for June 1, 2024 through August 13, 2024 revealed: -June: -Vitamin D was marked as administered daily from 6/1-6/30. -July: -Vitamin D was marked as administered daily from 7/1-7/30. -August: -Vitamin D was marked as administered daily from 8/1-8/13. -Gabapentin 300 mg- Staff did not initial the medication as given from 8/1-8/12 @ 8pm. Review on 8/13/24 of www.webmd.com revealed: -Gabapentin was used in the treatment of seizures. -Vitamin D was used as a supplement and treatment of Vitamin D deficiency. Interview on 8/1324 with the the Administrator revealed: -She was not aware staff had not been initialing the 8pm dosage of Gabapentin for Client #3. -She was not aware that staff had been marking the Vitamin D as daily for Client #3. -She was sure that Client #3 did receive his medications as he was supposed to, but staff had made the mistakes on the MAR. -She acknowledged that facility staff failed to maintain an accurate MAR for Client #3.	V 118		

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V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a	V 289		

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V 289	Continued From page 9 private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to meet the scope of a 5600A facility which served adults whose primary diagnosis is a mental illness for one of three clients (#2). The findings are: Review on 8/13/24 of the facility's license revealed the facility was licensed as a 5600A Supervised Living Facility. Review of the Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services revealed "A" designation means a facility which serves adults whose primary diagnosis is a	V 289		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 289	Continued From page 10 mental illness but may also have other diagnoses. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24. . -Diagnoses of Dyslipidemia; Gastroesophageal Reflux Disease; Atrial Fibrillation, Learning Disability; Essential Hypertension, Benign. -Client #2 had no documentation that indicated a diagnosis of a mental illness. Interview on 8/13/24 with the Administrator revealed: -She was not aware that Client #2 did not have a diagnosis of a mental illness. -Client #2 was going to be moved to one of their family care homes facilities. -She confirmed there was no documentation of client #2 having a primary diagnosis of a mental illness.	V 289		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner. The findings are: Observation on 8/13/24 at 3:30 pm revealed: -Kitchen: -Counter top next to the range was cracked	V 736		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 736	Continued From page 11 and broken. -Hall Bathroom: -Tub lining was peeling off. -Hallway leading to Bedrooms in the back: -Right side corner of the carpet was lose and lifted, creating a trip hazard. Interview on 8/13/24 with the Administrator revealed: -She did not own the property. -Landlord had not been very cooperative in the past. -Plans were to not renew the license for this particular facility and move the clients to openings at sister facilities by the end of the year. -She acknowledged the facility was not maintained in a safe, clean and attractive manner.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 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. (3) Electrical, mechanical and water systems shall be maintained in operating condition. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain electrical systems in safe operating conditions. The findings are:	V 750		

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V 750	Continued From page 12 Observation on 8/13/24 from 10:00 am to 4:30 pm of the facility revealed: -Smoke detectors located by the kitchen, hallway to client's bedrooms in the front and hallway leading to clients bedroom in the back of the house made the alarm warning noises (chirping sounds) indicating that the batteries needed replacing. Interview on 8/13/24 with the Administrator revealed: -She did not know why the smoke detectors were chirping. The batteries had been recently changed. -She had contacted the maintenance person to see if the smoke detector would need to be fixed or replaced. -She acknowledged the facility failed to ensure the smoke detectors were maintained in operating conditions.	V 750		
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 facility water temperature	V 752		

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	MHL001-131	A. BUILDING: _____ B. WING _____	R 08/13/2024

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V 752	Continued From page 13 between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/13/24 at approximately 3:30 PM revealed : -The kitchen sink water temperature was 128 degrees Fahrenheit. -The hall bathroom's sink water temperature was 126 degrees Fahrenheit. -The water temperature on the bathroom sink located between client #5 and clients #1 and #3's bedroom was 126 degrees Fahrenheit. Interview on 8/13/24 with the Administrator revealed: -She did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -She believed a staff may had messed around with the temperature of the water heater as clients did not have access to it. -Staff assisted clients with their showers and normally adjusted the water temperature for them . -She had already lowered the temperature, but still would have someone adjust the water heater's temperature to be between 100-116 degrees Fahrenheit. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		