

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-726</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/14/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOVELLA'S PLACE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6700 JOHNSDALE ROAD<br/>RALEIGH, NC 27615</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8/14/24. 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>This facility is licensed for 6 and has a current census of 0. The survey sample consisted of audits of 1 former clients.</p>  | V 000         |   |                    |
| V 107              | <p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> | V 107         |   |                    |

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

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| V 107              | <p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure a file was maintained for 2 of 2 staff (Qualified Professional (QP) &amp; Licensee).<br/>The findings are:</p> <p>An attempted review on 8/14/24 of the QP &amp; Licensee's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- no personnel records that contained the following:</li> <li>- no written job description with the following:               <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position</li> <li>(2) specifies the duties and responsibilities of the position</li> </ul> </li> </ul> | V 107         |   |                    |

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| V 107              | <p>Continued From page 2</p> <p>(3) is signed by the staff member and the supervisor</p> <p>(4) is retained in the staff member's file</p> <p>(5) meets the minimum level of education, competency, work experience, skills and other qualifications for the position</p> <p>(6) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry</p> <p>(7) all facilities or services shall require that all applicants for employment disclose any criminal conviction</p> <p>(8) a file maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>During interview on 8/14/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- he was not able to locate the personnel records</li> <li>- he was in the process of having new records completed for staff</li> </ul> | V 107         |   |                    |
| 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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation</p>  | V 108         |   |                    |

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| V 108              | <p>Continued From page 3</p> <p>plan; and<br/>(4) training in infectious diseases and bloodborne pathogens.<br/>(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 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.<br/>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure a file was maintained for 2 of 2 staff (Qualified Professional (QP) &amp; Licensee).<br/>The findings are:</p> <p>An attempted review on 8/14/24 of the QP &amp; Licensee's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- no personnel records that contained the following:</li> <li>- employee training programs shall be provided and, at a minimum, shall consist of the following:</li> <li>- (1) general organizational orientation;</li> <li>- (2) training on client rights and confidentiality</li> <li>- (3) training to meet the mh/dd/sa needs of</li> </ul> | V 108         |   |                    |

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| V 108              | Continued From page 4<br><br>the client as specified in the treatment/habilitation plan<br>- (4) training in infectious diseases and bloodborne pathogens.<br>- (5) staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and 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.<br><br>During interview on 8/14/24 the Licensee reported:<br>- he was not able to locate the records<br>- he was in the process of having new records completed for staff  | V 108         |   |                    |
| V 113              | 27G .0206 Client Records<br><br>10A NCAC 27G .0206 CLIENT RECORDS<br>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:<br>(1) an identification face sheet which includes:<br>(A) name (last, first, middle, maiden);<br>(B) client record number;<br>(C) date of birth;<br>(D) race, gender and marital status;<br>(E) admission date;<br>(F) discharge date;<br>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;<br>(3) documentation of the screening and assessment;<br>(4) treatment/habilitation or service plan;<br>(5) emergency information for each client which | V 113         |   |                    |

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| V 113 | <p>Continued From page 5</p> <p>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> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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:<br/>Based on record review and interview the facility failed to maintain a client record for 1 of 1 former client (FC#1). The findings are:</p> <p>An attempted review on 8/14/24 of FC#1's record revealed:</p> <ul style="list-style-type: none"> <li>- FC#1 did not have a client's record that contained the following:</li> <li>- (A) an identification face sheet which includes:</li> </ul> | V 113 |  |  |
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| V 113              | <p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- (B) name (last, first, middle, maiden);</li> <li>- (C) client record number;</li> <li>- (D) date of birth;</li> <li>- (E) race, gender and marital status;</li> <li>- (F) admission date;</li> <li>- (G) discharge date;</li> <li>- (H) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</li> <li>- (I) documentation of the screening and assessment;</li> <li>- (J) treatment/habilitation or service plan;</li> <li>- (K) emergency information for each client which shall include the name, address and telephone number of the person to be               <ul style="list-style-type: none"> <li>- contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</li> </ul> </li> <li>- (L) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital - or physician;</li> <li>- (M) documentation of services provided;</li> <li>- (N) documentation of progress toward outcomes;</li> <li>- (O) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</li> <li>- (P) medication orders;</li> <li>- (Q) orders and copies of lab tests</li> </ul> <p>During interview on 8/14/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- FC#1 was on and off at the facility</li> <li>- last seen him at facility either April 2024 or May 2024</li> <li>- he had a drug problem that he encouraged him to stop</li> <li>- had a treatment with goals that addressed drug problems</li> </ul> | V 113         |   |                    |

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| V 113              | Continued From page 7<br><br>- he was discharged Friday (8/9/24)<br><br>During interview on 8/14/24 the Licensee reported:<br>- would ensure client records were maintained at the facility   | V 113         |   |                    |
| V 536              | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(f) Content of the training that the service | V 536         |   |                    |



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| V 536              | <p>Continued From page 8</p> <p>provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ul style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ul> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ul style="list-style-type: none"> <li>(1) Documentation shall include: <ul style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> <li>(B) when and where they attended; and</li> <li>(C) instructor's name;</li> </ul> </li> <li>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</li> </ul> | V 536         |   |                    |

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| V 536              | <p>Continued From page 9</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p> | V 536         |   |                    |

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| V 536 | <p>Continued From page 10</p> <p>documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p><br/></p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure 2 of 2 staff (Qualified Professional &amp; Licensee) had restrictive intervention training. The findings are:</p> <p>An attempted review on 8/14/24 of the QP &amp; Licensee's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- no personnel records maintained at the facility</li> </ul> <p>During interview on 8/14/24 the Licensee</p> | V 536 |  |  |
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Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-726</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/14/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOVELLA'S PLACE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6700 JOHNSDALE ROAD<br/>RALEIGH, NC 27615</b> |
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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 |
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| V 536              | Continued From page 11<br><br>reported:<br>- he was not able to locate the personnel records<br>- he was in the process of having new records completed for staff  | V 536         |   |                    |
| V 752              | 27G .0304(b)(4) Hot Water Temperatures<br><br>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT<br>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to maintain its hot water temperatures between 100-116 degrees Fahrenheit. The findings are:<br><br>Observation on 8/14/24 at 9:02am of the facility revealed:<br>- the kitchen sink water temperature was 80 degrees Fahrenheit<br><br>During interview on 8/14/24 the Licensee reported:<br>- he was not able to get the water temperature above 80 degrees Fahrenheit<br>- he needed to work on the kitchen's sink water temperature | V 752         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-726</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/14/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOVELLA'S PLACE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6700 JOHNSDALE ROAD<br/>RALEIGH, NC 27615</b> |
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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 768              | Continued From page 12  | V 768         |   |                    |
| V 768              | <p>27G .0304(d)(4) Non-Client Accommodations</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview the facility failed to ensure overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms which affected 1 of 1 former client (FC#1). The findings are:</p> <p>Observation on 8/14/24 at 9:02am of the facility revealed:</p> <ul style="list-style-type: none"> <li>- first client bedroom room filled with toys</li> <li>- second client bedroom had 2 beds pulled together</li> <li>- clothes were hung in the clothes, miscellaneous items on dresser and shoes on the floor</li> </ul> <p>During interview on 8/14/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- he slept overnight at the facility</li> <li>- slept in the bedroom with the 2 beds pulled together</li> <li>- sometimes his grandchildren visited the facility</li> </ul> | V 768         |   |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL092-726</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/14/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOVELLA'S PLACE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6700 JOHNSDALE ROAD<br/>RALEIGH, NC 27615</b> |
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|--------------------|---|---------------|---|--------------------|
| V 768              | Continued From page 13<br><br>- he would not reside at the facility on a permanent visit<br>- his family personal items could not be stored in the client's bedroom | V 768         |   |                    |