

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
--	---

(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 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 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112	<p style="text-align: center;">RECEIVED SEP 09 2024 DHSR-MH Licensure Sect</p>	

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



TITLE
QP

(X6) DATE
9/2/2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies to meet the needs for 1 of 3 clients (#2). The findings are:</p> <p>Review on 8/13/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/21/15 - Diagnoses: Unspecified Schizophrenia Spectrum Disorder, Intellectual Disorder, Hebephrenia Chronic - Treatment plan dated 1/5/24 revealed: <ul style="list-style-type: none"> - no goals or strategies to address client's behaviors of excessive eating and attempting to cook by himself on the stovetop during the night <p>Interview on 8/14/24 client #2 reported:</p> <ul style="list-style-type: none"> - "I stay up at night." - "There's food at the house. I don't do too good with that." - The Licensee had talked to him about "not taking food" - "I tried to cook at night. I wanted some ramen noodles." - The Licensee discussed safety concerns with him after he attempted to cook by himself during the night - The Qualified Professional (QP) had not talked to him about his nighttime eating behaviors or attempting to cook by himself <p>Interview on 8/13/24 staff #1 reported:</p>	V 112	<p>QP will review consumer's treatment plan for current goals. QP will speak with consumer and staff about behaviors to document in updated treatment plan. Facility will schedule appointment with consumer's physician to address excessive eating behaviors, with possible referrals to a specialist. QP will follow up on physician recommendations to include on consumer's updated treatment plan. QP will update consumer's goals and review with staff and administrator for understanding. QP will continue to update and monitor consumer treatment plans periodically if behaviors change.</p>	10/13/2024
-------	---	-------	---	------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
--	---

(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 112

Continued From page 2

- Client #2 was awake throughout the night and "eats all the food" and attempted to cook on the stovetop without assistance
- The QP reviewed treatment plans and goals with her
- She was not aware of any goals or strategies to address client #2's nighttime behaviors "besides locking the cabinets"

Interview on 8/14/24 the QP reported:

- Had been working at the facility since June 2024
- She was responsible for client treatment plans
- She was aware client #2 stayed awake and ate during the night
- Goals and strategies had not been added to the treatment plan to address the sleeplessness or nighttime eating
- "I didn't think anything related to food could be added to the treatment plan without a doctor's order."
- She wasn't "going to put it in the plan unless it was authorized by the doctor"
- She would talk to client #2's guardian and treatment team about adding goals and strategies to address the nighttime behaviors
- She would make a referral to a licensed dietician to address concerns with the excessive nighttime eating

Interviews on 8/13/24 and 8/14/24 the Licensee reported:

- Client #2 "doesn't sleep" and "is pre-diabetic and will get up in the middle of the night and eat all the food"
- Client #2 "will raid the refrigerator and cabinets and cook food on the stove"
- "Started locking the cabinets about three months ago due to [client #2] eating so much at

V 112

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
--	---

(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 112	Continued From page 3 night." - He thought the former QP had added goals and strategies to the treatment plan that addressed these behaviors - The former QP left the facility in March of 2024 - The former QP informed him that adding these goals and strategies to the treatment plan had been discussed, but had never been implemented - The current QP had also discussed goals and strategies needed in the treatment plan, but had not yet added anything to address the nighttime behaviors	V 112		
-------	--	-------	--	--

V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and	V 513		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT:	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
---	---

(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 513	<p>Continued From page 4</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to use the least restrictive and most appropriate settings and methods. The findings are:</p> <p>Review on 8/13/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/14/24 - Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Schizophrenia <p>Review on 8/13/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/21/15 - Diagnoses: Unspecified Schizophrenia Spectrum Disorder, Intellectual Disorder, Hebephrenia Chronic <p>Review on 8/13/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/4/16 - Diagnoses: Schizoaffective Disorder, Unspecified Intellectual Disorder, Hypothyroidism, Aspiration Risk <p>Observation on 8/13/24 at 9:05am revealed:</p> <ul style="list-style-type: none"> - 2 cabinet doors in the kitchen locked with a hasp latch and keyed padlock - Pantry door in the kitchen locked with a hasp latch and keyed padlock - French door refrigerator with refrigerator and freezer doors locked with keyed cable lock - The Licensee unlocked the refrigerator, kitchen cabinet doors and pantry door with keys from his pocket 	V 513	<p>QP and Administrator discussed discontinuing refrigerator locks before other arrangements are made. Facility will implement use of small/mini refrigerator to keep drinks and snacks for consumer use when hungry between meals. Facility will also make an appointment for consumer with excessive eating habits for authorization/medical necessity to lock fridge and/or pantry in addition to small refrigerator for extra food items. QP will follow up with consumer's physician recommendations and check mini refrigerator upon visits to the home.</p>	10/13/2024
-------	---	-------	--	------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ETTA'S RESIDENTIAL SERVICES & SUPPORT **4833 TOLLEY COURT**
RALEIGH, NC 27616

(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 513

Continued From page 5

- Inside locked kitchen cabinets were canned goods
- Inside locked pantry were food items including fresh fruit, applesauce, crackers, boxes of pasta
- Inside refrigerator were perishable food items including milk, eggs, yogurt

Observation on 8/14/24 at 8:50am revealed:

- Locks on kitchen cabinets, pantry, and refrigerator removed

Interview on 8/14/24 client #2 reported:

- Pantry, refrigerator and cabinets were "locked all the time; lock it after breakfast, then after lunch, and after dinner"
- Meals and snacks were provided daily "but not always enough food"
- "It's been like that forever"

Interview on 8/14/24 client #3 reported:

- Pantry, refrigerator and cabinets were "locked so that people didn't get up and get food at night"
- "It was only locked at night"
- "...once you eat supper you can get a yogurt or 2 and that's it, maybe a banana"
- "Sometimes I do get hungry in the middle of the night..."

Interview on 8/13/24 staff #1 reported:

- The kitchen cabinets, pantry and refrigerator were locked
- Client #2 would stay awake all night and "eats all the food without asking"
- She had been working at the facility since April of 2024 and the locks were there when she first started working
- Did not want clients "handling food"
- Clients were not allowed to go into the refrigerator or pantry

V 513

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-705	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ETTA'S RESIDENTIAL SERVICES & SUPPORT:	STREET ADDRESS, CITY, STATE, ZIP CODE 4833 TOLLEY COURT RALEIGH, NC 27616
---	---

(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 513	<p>Continued From page 6</p> <ul style="list-style-type: none"> - "If they (clients) want something in the middle of the night, they just come downstairs and ask. I'm happy to get it for them." <p>Interview on 8/14/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Had been the QP at the facility since June 2024 - She observed the hasp latches on the cabinets and the pantry, but the padlocks were not on them when she first visited the facility - She was told the practice of using the locks was due to client #2 eating throughout the night - She told the Licensee "that's not what you're supposed to do" - She asked if there was a physician's order and was told that they were working on obtaining an order for the locks <p>Interviews on 8/13/24 and 8/14/24 the Licensee reported:</p> <ul style="list-style-type: none"> - Items in the kitchen were locked because client #2 would "get up in the middle of the night to eat all the food" - He thought there was a physician's order for the locks obtained by the former QP - The current QP told him the locks were "borderline" and "recommended reassessing" the practice of locking up the food - The former QP informed him on 8/14/24 that no order for the locks had been obtained - He had removed all the locks and discontinued use of them 	V 513		
-------	---	-------	--	--