	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING		08/21/2024	
		MHL080-225				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		11200
LIZZY HOI	ISE	2566 EC	HERD STREET			
		KANNA	POLIS, NC 28083			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTIO		SHOULD BE	(X5) COMPLI
	THO INTO MATERIALION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on August 21, 2024. A deficiency was cited.					
	500 M					
	This facility is licensed for the following service			THED		
	category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability			SECEIVE		
	Erring for Additio With 1	Developmental Disability.		KC 23 206	1	
	This facility is licensed for 4 and has a current			SEP =	sect	
	census of 3. The survey sample consisted of			Licensu	16 0	
	audits of 3 current cli	ents.		RECEIVED SEP 2 3 202 DHSR-MH Licensu		
V 290	27G .5602 Supervised	Living - Staff	V 290	Due		
	10A NCAC 27G .5602	STAFF				
i i	(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					
		d to individualized client				
	needs.	staff member shall be				
		en any adult client is on the				
	premises, except when	the client's treatment or				
	nabilitation plan docun	nents that the client is				
	capable of remaining in	n the home or community				
	without supervision. T	he plan shall be reviewed				
	as needed but not less	than annually to ensure				- 6
	he client continues to	be capable of remaining in				
s () f () a o c c	ne nome or communit specified periods of time	y without supervision for				
	c) Staff shall be prese					
	ollowing client-staff rat	tios when more than one				
	child or adolescent clie	ent is present:				
	<ol> <li>children or ac</li> </ol>	lolescents with substance				
	buse disorders shall b	e served with a minimum				
	f one staff present for	every five or fewer minor				
	lients present. Howe	ver, only one staff need be				
	resent during sleeping	hours if specified by the				
	mergency back-up pro ne governing body; or	ocedures determined by				
	Service Regulation					

STATE FORM

(X6) DATE

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL080-225 08/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2566 ECHERD STREET **LIZZY HOUSE** KANNAPOLIS, NC 28083 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 290 Continued From page 1 V 290 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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: 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 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document in the client's treatment plan the client's capability of unsupervised time in the community for 1 of 3 audited clients (Client #2). The findings are: Review on 8/21/24 of Client #2's record revealed: -Admission date of 12/28/22. -Diagnosed with Mild Intellectual Developmental Disability, Attention-deficit Hyperactivity Disorder, Social Anxiety, Essential Tremors, History of Seizures, and Epilepsy. -No documentation Client #2 was assessed for his capability of remaining unsupervised in the

community.

-No documentation in his 1/9/24 treatment plan of

PRINTED: 09/01/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL080-225 B. WING 08/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2566 ECHERD STREET** LIZZY HOUSE KANNAPOLIS, NC 28083 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 290 Continued From page 2 V 290 his capability of remaining unsupervised in the community for a specified period of time. Interview on 8/21/24 with Client #2 revealed: -He goes into the community without staff supervision to spend time with a friend. Interview on 8/21/24 with the Owner revealed: -Client #2 had written consent from his guardian for him to have visits with a friend outside the

Division of Health Service Regulation

plan.

-There was no assessment about his capability for unsupervised time in the community. -She would have Client #2 assessed for unsupervised time in the community and document his unsupervised time in his treatment

# Tyler Sparks Assessment for Unsupervised Visits 8-26-24 --- Record Number 732556

## A- General Skills

- an display pedestrian safety skills crossing the street and looking both ways.
- 2. Able to call 911 for an emergency call.
- 3. Able to exchange money when checking out at all stores.
- Knows when giving money he is supposed to get his change back when purchasing.
- fknows to keep his money in his wallet until it is time for purchase.

# B- Stranger Awareness

- does recognize a stranger from an unfamiliar person.
- 2. Stated that he knows what to do when a stranger approaches him to leave with the stranger. It tated he will not go with anyone that he does not know. Will not take anything that is purchased from a stranger that he does not know will not take anything that is offered from a stranger. Stated he knows not to take anything from strangers and not to show his personal information to anyone that he does not know. Stated he will not answer a stranger that needs assistance he would have the stranger to ask another person. It stated he would not accept money for sex or pay for sex. It can decipher if a person was hurt or if the person in the community is safe would also call 911 if someone is being robbed and would not make contact.

#### C- Emergency Skills

1. showed his phone and was able to demonstrate calling 911 and knows when it is an emergency to call 911 will give his name, location if known, and the emergency of the call.

## D- Personal Identification

1. has ID card on him and can state the function of his ID examples gave purchasing alcohol and tobacco products would be the time he needs to show his identification card when necessary.

#### E- Use of community

1. has been observed in the following settings: Fast Food restaurants, order at able restaurant, theater, library, grocery store, mall/department stores.

# F- Self-Medication

has knowledge of self-administering when needed.

After completing unsupervised assessment in the community QP has approved for o have alone time in the community unsupervised for no more than 4-5 hours when out in the community. Monitoring will take place when out in the community with natural supports, friends and staff.

Ciluin Dy BS OP 8-24-24