

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/20/2024
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NAME OF PROVIDER OR SUPPLIER KYSEEM'S UNITY GROUP HOME, LLC #6	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 NORTH GOLD STREET WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 20, 2024. 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 3 and has a current census of 3. 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		

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

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have a Person-Centered Plan (PCP) with written consent or agreement by the client or responsible party affecting two of three clients (#2, #3). The findings are:</p> <p>Review on 11/19/24 of client #2's record revealed: -Date of admission 11/17/19. -Diagnoses of Intellectual Developmental Disability-Moderate, Autistic Disorder, Intermittent Explosive Disorder and Morbid Obesity. -Individual Support Plan- Short Range Goals Implementation date 11/1/24. -PCP signed by the Qualified Professional/Registered Nurse on 8/16/24 and Direct Care staff on 8/16/24. -No signature or written consent from the guardian or responsible party.</p> <p>Review on 11/19/24 of client #3's record revealed: -Date of admission 2/1/17. -Diagnoses of Schizoaffective Disorder, Childhood Disintegrative Disorder, Intellectual Developmental Disability-Moderate, Allergies, Constipation and Overactive bladder. -Individual Support Plan- Short Range Goals Implementation dated 10/1/24. -PCP signed by the Qualified Professional/Registered Nurse on 10/1/24 and Direct Care staff on 10/1/24. -No signature or written consent from the</p>	V 112		

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V 112	Continued From page 2 responsible party. Interview on 11/19/24 the Qualified Professional/Registered Nurse stated: -She was unsure why the signatures were not on the plans. -She understood PCP's needed to be signed by the responsible party. -She would ensure that all future PCP's had the required signatures.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/19/24 of the facility's fire and disaster drills for October 2023-September 2024 revealed:</p> <p>Fire Drills: -Fourth quarter of 2023 October-December; no fire drills were documented. -First quarter of 2024 January-March; no second shift fire drills documented. -Second quarter of 2024 April-June; no second shift fire drills documented. -Third quarter of 2024 July-September; no second shift fire drills documented.</p> <p>Disaster Drills: -Fourth quarter of 2023 October-December; no disaster drills were documented. -First quarter of 2024 January-March; no first shift disaster drills documented. -Second quarter of 2024 April-June; no first shift disaster drills documented. -Third quarter of 2024 July-September; no first shift disaster drills documented.</p> <p>Attempted interview on 11/19/24 client #1 and client #2 did not respond.</p> <p>Interview on 11/19/24 with client #3 stated: -"We have done hurricane drills every once in awhile, we hide in the house for hurricane drills." -"For a fire drill we raise our hand."</p> <p>Interview on 11/19/24 staff #1 stated: -Fire and disaster drills were completed once a</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 4</p> <p>month.</p> <p>-The clients went outside for fire drills and during disaster drills clients went in the hallway.</p> <p>Interview on 11/19/24 House Manager stated:</p> <p>-Shifts were 7am-7pm and 7pm-7am seven days a week.</p> <p>-Fire and disaster drills are completed once a month.</p> <p>-Clients went to the back fence for fire drills.</p> <p>-During disaster drills clients got under the table or in the bathtub.</p> <p>-He was not able to provide any other drills other than what was provided.</p> <p>Interview on 11/19/24 the Qualified Professional/Registered Nurse stated:</p> <p>-She had worked at the facility since September 2024.</p> <p>-Clients completed the fire and disaster drills every month.</p> <p>-"There are some days they don't want to do them but we will try it again another day."</p> <p>-Clients went outside of the facility for fire drills.</p> <p>-During disaster drills clients went to a safe place in the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p>	V 119		

Division of Health Service Regulation

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V 119	<p>Continued From page 5</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Observation on 11/19/24 at approximately 2:40 pm in a locked medication cart, client #2's medications revealed: -Nyamyc 100,000 unit/gram topical powder, dispensed 9/7/21, expired September 2022. -Nyamyc 100,000 unit/gram topical powder,</p>	V 119		

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V 119	<p>Continued From page 6</p> <p>dispensed 11/15/20, expired October 2021. -Nyamyc 100,000 unit/gram topical powder, dispensed 7/27/21, expired December 2021. -Docusate Sodium 100 milligram (mg) tablet, dispensed 11/16/22, expired November 2023. -Chloraseptic Throat Spray, dispensed 6/3/22, expired 6/3/23.</p> <p>Interview on 11/19/24 the House Manager stated: -He notified the Director when medications were expired. -Client #2 had not used the medication "in a while."</p> <p>Interview on 11/20/24 the Director stated: -He would ensure expired medications were disposed of properly.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 119		
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 observations and interview the facility was not maintained in a clean, attractive, and orderly manner. The findings are:</p> <p>Observations on 11/19/24 from approximately 2:48 pm-3:10 pm revealed: -The living room's window blind had four broken</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>slats, thin crack across the ceiling approximately 5 feet long, baseboard had paint peeling throughout the room, black stains on the walls throughout the room in various sizes and lengths and dust accumulated on the top of television.</p> <p>-The bathroom's light fixture over the sink was missing one out of three lightbulbs, the sink had a slow water drain, one tile was missing in the wall of the shower and that area was filled with white caulking, caulking around the top perimeter of the tub was peeling and discolored, linoleum was raised up around the bottom of the bath tub, there were five dark circular spots approximately two inches on ceiling, approximately a half foot area of paint peeling on the ceiling and rust covered the vent cover on the floor.</p> <p>-The kitchen had a two feet area on the floor on the left side of the kitchen that was soft when stepped on, the handle on the oven door had white tape on it, rust on the outside bottom half of the oven door, cabinet door above the stove would not close and left an opening of approximately two inches.</p> <p>-The dining room's walls had various sizes and shapes of white plaster, paint was chipped around the perimeter of the window seal near dining room table, various sizes and shapes of black stains on the walls throughout the room and deep freezer had ice accumulated around the closure seal and would not shut.</p> <p>-Client #1's dresser had paint peeling on the right and left sides and on the four drawers.</p> <p>-Client #2's bedroom had 3 baseball size white circular discolored stains on the sheet and approximately a half foot area of paint peeling on the ceiling smoke detector had a loud pitch beeping every 10 seconds.</p> <p>-The wall above Client #3's bed had two holes approximately a half foot in diameter.</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>Attempted interview on 11/19/24 client #1 and client #2 did not respond.</p> <p>Interview on 11/19/24 Client #2 stated: -"Things are going pretty good at home, I have my own room."</p> <p>Attempted interview on 11/19/24 with Client #1 & Client #3 was unsuccessful due to being non-verbal.</p> <p>Interview on 11/19/24 House Manager stated: -He was responsible for cleaning and made sure other staff did their jobs. -He was not aware of the soft area on the kitchen floor. -Client #3 repeatedly punched holes in the wall and the holes have been repaired several times."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		