

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-261 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/16/2024 |
|--|---|--|---|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

REGIS AVENUE GROUP HOME

**4425 REGIS AVENUE
DURHAM, NC 27705**

| (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 October 16, 2024. No 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 5. The survey sample consisted of audits of 3 current clients.</p> | V 000 | <p>RECEIVED DEC 23 2024 DHSR-MH Licensure Sect</p> | |
| V 290 | <p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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 enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor 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; or</p> | V 290 | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

H3T811

If continuation sheet 1 of 4

Elizabeth Scott, Executive Director

12/16/24

Division of Health Service Regulation

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| V 290 | <p>Continued From page 1</p> <p>(2) 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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) 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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to review the plan annually to ensure clients continue to be capable of remaining in the home or community without supervision for specified periods of time for two of three audited clients (#1 and #3). The findings are:</p> <p>Review on 10/16/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/2/06. -Diagnoses of Mild Intellectual Disability, Type II Diabetes, High Blood Pressure, Chronic Migraines, Chronic Kidney Disease, Insomnia, Chronic Right Side Heart Failure, Depression and High Cholesterol. -Unsupervised Time Assessment dated | V 290 | | |

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| V 290 | <p>Continued From page 2</p> <p>6/24/21-She had 4 hours in home and community unsupervised.</p> <p>-No documentation that client #1's plan was reviewed annually to ensure she remained capable of unsupervised time in the home or community without supervision.</p> <p>Review on 10/16/24 of client #3's record revealed:</p> <p>-Admission date of 11/5/15.</p> <p>-Diagnoses of Mild Intellectual Disability, Schizophrenia, Type II Diabetes, Pes Planus, Gastroesophageal Reflux Disease and Dyshidrotic Eczema.</p> <p>-Unsupervised Time Assessment dated 8/30/22-She had 3 hours at home and in the community unsupervised.</p> <p>-No documentation that client #3's plan was reviewed annually to ensure she remained capable of unsupervised time in the home or community without supervision.</p> <p>Interview on 10/16/24 with client #1 revealed:</p> <p>-She could be unsupervised at the facility.</p> <p>-She stayed at the facility without staff about 2 days a week for about 2-3 hours.</p> <p>Attempted interview on 10/16/24 with client #3 revealed:</p> <p>-She was in psychiatric hospital and could not be interviewed.</p> <p>Interview on 10/16/24 with the Assistant Director revealed:</p> <p>-The Division Director was responsible for updating the unsupervised time assessments for clients.</p> <p>-She didn't realize the unsupervised time assessments were not updated annually for clients #1 and #3.</p> | V 290 | | |

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| V 290 | <p>Continued From page 3</p> <p>-She confirmed the facility failed to review the plan annually to ensure clients continue to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>Interview on 10/16/24 with the Executive Director confirmed:</p> <p>-The facility failed to review the plan annually to ensure clients continue to be capable of remaining in the home or community without supervision for specified periods of time.</p> | V 290 | | |

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Regis Avenue Group Home
MHL # 032-261

Plan of Correction to Survey Completed October 16, 2024

V290 27G .5602 Supervised Living - Staff:

To Correct the Deficiency:

Client 3 was in a psychiatric hospital, and upon discharge back to the facility, was determined by the hospital and her community team to be unable to stay alone. She is not staying alone at this time.

Client 1's assessment was completed and her supervision contract was in place, but was in the supervisor's office. It was completed on 6/26/24. It is now located in the group home in the consumer's file.

To Prevent the Deficiency from Occurring Again:

The supervision contracts allowing a person to stay alone at home or in the community are supposed to be redone annually along with the individual's plan. We reviewed this policy with all home supervisors to prevent this from happening again.

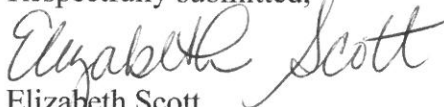
Who will Monitor:

We added a space on a form that the supervisor's complete to include the date that these supervision contracts are completed, so the supervisors will monitor and update this form monthly.

How Often the Monitoring will Take Place:

Monitoring will occur monthly, as the program supervisors complete and submit this form to the Assistant Director to review.

Respectfully submitted,



Elizabeth Scott
Executive Director

Home Name

Supervisor

Date

| Individual Name | Plan Date | NC Snap Date | Supervision Contract | Auth Date | Behavior Plan Date | FL-2 Date | Medication Agreement | DTA Date | SA Date | Medicaid Date |
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Please update this form monthly, changing completion dates for items done that month. Submit it to your supervisor with the Supervisor's Monthly Checklist and other monthly paperwork at the end of each month.