

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/02/2025
NAME OF PROVIDER OR SUPPLIER KOODY HEALTH CARE SERVICES INC II		STREET ADDRESS, CITY, STATE, ZIP CODE 601 COLBY COURT ROCKY MOUNT, NC 27803		
(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	INITIAL COMMENTS An annual and follow up survey was completed on 7/2/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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

TITLE

(X6) DATE

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V 111	<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 ensure an admission assessment for 1 of 3 audited clients (#1) was completed prior to delivery of services. The findings are:</p> <p>Review on 6/30/25 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/11/25 - Diagnoses: Schizoaffective Disorder, Psychosis, Hypertension, Fetal Alcohol Symptoms, Cognitive Impairment - No documentation of an admission assessment <p>Interview on 7/1/25 the acting Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - The facility had another QP on record as their permanent QP but that QP had been out on medical leave so she had been acting QP since March of 2025 - As acting QP, she had met with clients, visited the facility and completed trainings with staff - She had not been responsible for completing any client documentation, including admission assessments <p>Interview on 6/30/25 the Supervisor reported:</p>	V 111		

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V 111	Continued From page 2 - The QP for the facility had been out on medical leave - They had an acting QP but she had not been completing any client documentation - Client #1's admission assessment was not completed due to the QP being unable to work at the time client #1 was admitted - The QP had resumed completing client documentation, including admission assessments, but was still not able to come to the facility in person Interview on 6/30/25 the Administrator reported: - The facility's QP was out on medical leave and there was an acting QP in place since March 2025 - She was not aware client #1's admission assessment was not completed	V 111		
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.	V 114		

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V 114	<p>Continued From page 3</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly and on each shift. The findings are:</p> <p>Review on 6/30/25 of the facility's fire and disaster drills from July 1, 2024 - June 29, 2025 revealed:</p> <ul style="list-style-type: none"> - No 3rd shift fire or disaster drills <p>Interview on 6/30/25 client #1 reported:</p> <ul style="list-style-type: none"> - He had been at the facility since 4/11/25 - He had participated in fire and disaster drills - There had been no drills completed at night since he had been residing there <p>Interview on 6/30/25 client #2 reported:</p> <ul style="list-style-type: none"> - The facility practiced fire drills and tornado drills - He had never been woken up for a drill <p>Interview on 6/30/25 client #3 reported:</p> <ul style="list-style-type: none"> - He had practiced fire drills at the facility but not disaster drills - Staff #1 had told him what to do if there was a tornado - He would squat down and put his head down in the hallway if there was a tornado - Fire drills were only practiced during the day <p>Interview on 6/30/25 staff #1 reported:</p>	V 114		

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V 114	Continued From page 4 <ul style="list-style-type: none"> - He was responsible for fire and disaster drills - He completed a fire and disaster drill each month - "Haven't done one at night with them (clients). Mostly do them (drills) on first and second shifts" - "Mostly during the day. It's a tough neighborhood around here" - "I don't think anyone knows that I haven't done them at night. Is it required?" - "When they get their meds (medications), they're out sleeping, so I don't really bother them at night like that" <p>Interview on 6/30/25 the Supervisor reported:</p> <ul style="list-style-type: none"> - The shifts at the facility were" <ul style="list-style-type: none"> - First 8:00 am - 4:00 pm - Second 4:00 pm - 12:00 am - Third 12:00 am - 8:00 am - She was not aware that fire and disaster drills had not been completed on 3rd shift - Staff #1 should have completed 3rd shift drills <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 5</p> <p>Observation on 6/30/25 at 11:50 am revealed:</p> <ul style="list-style-type: none"> - The kitchen had the following: <ul style="list-style-type: none"> - The walls and cabinets were speckled with a brown substance - Window over the sink had a blind with one broken slat - The table felt sticky and had scratches across the entire surface - The bedroom of client #1 and client #5 had the following: <ul style="list-style-type: none"> - A strip of black tape about 18 inches long stuck to the carpet - Window with a blind with 3 broken slats - The bedroom for client #2 and client #4 had an area outside the bathroom with carpet with 2 rips about 12 inches each and an area about 12 inches long that was loose from the metal transition strip - The bedroom of client #3 had the following: <ul style="list-style-type: none"> - 2 strips of black tape stuck to the carpet by the door approximately 12 inches and 24 inches long - 2 spots covered with a black substance approximately the size of softballs inside the closet <p>Interview on 6/30/25 staff #1 reported:</p> <ul style="list-style-type: none"> - The black tape on the floor was because the carpet was ripped in those places <p>Interview on 6/30/25 the Administrator reported:</p> <ul style="list-style-type: none"> - She did not own the house the facility was in - She would reach out to the landlord about the repairs <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		