

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2018
NAME OF PROVIDER OR SUPPLIER RUSMED 2		STREET ADDRESS, CITY, STATE, ZIP CODE 5834 FINESTRA WAY RALEIGH, NC 27610		
(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 March 27, 2018. A Deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p><i>This process will be supervised and reviewed with Rusmed Consultants, LLC Residential Care Coordinator</i></p>	5/25/18
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p>	V 291		

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

TITLE

(X6) DATE

STATE FORM

6899

01Q11

If continuation sheet 1 of 4

Tammy Russell-Merkins

CEO, QP

4/4/18

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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate services between the facility's operator and the qualified professionals who are responsible for treatment/habilitation or case management for one of two audited clients (#2). The finding is:</p> <p>Review on 03/23/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> -admission date: 11/14/17 -diagnoses which included Autism and severe Intellectual Developmental Disability -treatment plan dated 12/01/17 listed must have one on one supervision in order to protect himself...evidence client was non verbal and used a communication board...goal regarding eating small portions of food due to over cramming food in the mouth -physician's order dated 11/29/17 chopped diet <p>Observation on 03/23/18 at 10:00a revealed:</p> <ul style="list-style-type: none"> -one staff (#1) at the home and two clients (#1 and #2). -within 15-20 minutes, the Qualified Professional and a second staff (#2) appeared. <p>During interview on 03/26/18, staff #2 reported:</p> <ul style="list-style-type: none"> -client #2 did have one on one services. The morning of 03/23/18, he was in the process of addressing issues with client #1's day program, therefore, he was not initially at the group home. He did not take client #1 with him to the day program as staff #2 lived in close proximity to client #1's day program. -client #2 needed the one on one services 	V 291	<p>Qualified Professional and Case Coordinator for client #2 will meet for a plan revision.</p> <p>During this process the treatment plan developed with consistency and clear communications regarding client #2 needing a one-on-one staff. The treatment plan will be in detailed format and explicit programmatic steps will be addressed. This revision and team meeting will take place within the next 60 days.</p>	5/25/18

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V 291	<p>Continued From page 2</p> <p>because of behavioral concerns with self injurious behavior and property destruction. Client #2 had exhibited those behaviors in January or February 2018.</p> <p>-client #2's food did not have to be chopped except for meats....he did cut up the food because client didn't like to eat vegetables and so he mixed the food together so client could have some vegetables too....soft foods like a sandwich did not need to be chopped. Client #2 crammed food in his mouth and needed reminders to slow down.</p> <p>During interview on 03/27/18, client #2's mother reported:</p> <p>-her son received one on one services at the group home. Feedback from the group home had been no incidents</p> <p>-depending on the food, her son's food may need to be chopped.</p> <p>During interview on 03/26/18, client #2's Care Coordinator reported:</p> <p>-it was her understanding, client #2 received one on one supervision at the group home. The group home was supposed to request enhanced service rate for client #2 to receive one on one staffing. As of 03/26/18, the paperwork had not been submitted. Feedback from the group home indicated no concerns or behavioral episodes with client #2.</p> <p>-after reviewing, his treatment plan, the goals regarding small food portions and realized that the chopped food component may not be clear to the reader.</p> <p>During interview on 03/27/18, the House Manager reported:</p> <p>-client #2 initially had one on one supervision that ended in March. It was only for the first 90</p>	V 291			

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V 291	<p>Continued From page 3</p> <p>days of his admission to the group home. He had one incident in which he busted television in his bedroom when redirected but that was when he first arrived at the group home.</p> <p>-all staff were aware client #2's food should have been chopped up.</p> <p>During interviews on 03/23/18 & 03/26/18, the Qualified Professional reported:</p> <p>-none of the clients had a special diet such as chopped....none of the clients had one on one supervision. Staff sat near client #2 and made sure he did not cram food in his mouth and provided redirection to slow down.</p> <p>-subsequent interview on 03/26/18, she clarified, when client #2 was initially admitted to the group home, he had one one services to help him adjust to the new setting. The information in his treatment plan should have been removed to reflect the changes,per prior conversation with the Care Coordinator. Overall, client #2 had been calm with few incidents.</p>	V 291		