

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
CLAY'S HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**500 FRANK STREET
WEST JEFFERSON, NC 28694**

(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 survey was completed on 3/6/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/ Alternative Family Living.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	DHSR - Mental Health APR 03 2018 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kelly Erbever DPMA
3/26/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CLAY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 FRANK STREET WEST JEFFERSON, NC 28694
---	---

(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 112	<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 develop a treatment plan in partnership with the legally responsible person including the party's written consent or by obtaining a written statement from the provider which stated why such consent could not be obtained affecting 2 of 2 clients (Client #1 and Client #2). The findings are:</p> <p>Review of Client #1's record on 3/5/18 revealed: -His treatment plan (TP) was dated 6/30/17; -There was not a legally responsible person's signature on the treatment plan; -There was not a written statement by the provider which indicated why the consent could not be obtained.</p> <p>Review of Client #2's record on 3/5/18 revealed: -His treatment plan (TP) was dated 8/31/17; -There was not a legally responsible person's signature on the treatment plan; -There was not a written statement by the provider which indicated why the consent could not be obtained.</p> <p>Interview on 3/5/18 with Staff #1 revealed: -Client #1's guardian was his mother; -Client #2's guardians were his mother, father and grandmother. -He had no knowledge of needing the guardian's signature on the treatment plan; -If he had known the guardian's consents were needed in the clients' treatment plans, he would have made sure the signatures were included;</p> <p>Interview on 3/5/18 with Staff #2 revealed: -She was Client #1's mother and guardian;</p>	V 112	<p>Copies of the treatment plans with the signatures are now in the home. This was an oversight to provide the signature page on the part of the supervising QP. Signature pages were available in the medical record which is housed in the QP office and were signed before the start of the new plan. QP has been re-trained. A region wide QP training is scheduled for 3/30/18. The necessary paperwork that is required in all AFL homes will be part of the training.</p> <p><i>QP will check during monthly visits for documentation-</i></p>	

*Kelley Ersever QPMA
3/26/18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CLAY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 FRANK STREET WEST JEFFERSON, NC 28694
---	---

(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 112	<p>Continued From page 2</p> <p>-She and her ex-husband had attended Client #1's treatment team meeting; -Staff #2 stated both parents had signed off on Client #1's treatment plan.</p> <p>Interviews on 3/5/18 and 3/6/18 with the Program Manager (PM)/Qualified Professional (QP) revealed: -She would make sure staff had the complete treatment plan along with the signature page in the facility for both clients; -The PM/QP acknowledged the missing consents for the treatment plans had not met licensure requirements.</p>	V 112	<p>Face Sheet: The confusion arose since the term face sheet is not used in the AFLs. The form that is described is known as Emergency Consumer Information and is kept in the AFL homes. It contains the name, age, DOB, race, gender, marital status, DOA, diagnosis, emergency contact, medical doctor, preferred hospital, MID and other insurance, identifying marks and scars and other information. The Emergency Consumer Information is currently in the AFL that was reviewed.</p>	
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred</p>	V 113	<p>Likewise, our Emergency Consent if also currently in the AFL home that was reviewed. A copy of the Emergency Consumer Information and Emergency Consent is kept in the client's medical record which is housed in the office in Boone NC, the local office for this AFL. QP has been re-trained on all necessary paperwork needed in the home. A region wide QP training is scheduled for 3/30/18. The necessary paperwork that is required in all AFL homes will be part of the training. Guardianship papers are kept in the medical record that is housed in the Boone NC office which is 25 miles from the home</p>	

Kelly Ersever QPMA
3/26/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLAY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 FRANK STREET WEST JEFFERSON, NC 28694
---	---

(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 113	<p>Continued From page 3</p> <p>physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure each client's record contained a face sheet, documentation of mental illnesses or developmental disabilities, documentation of physical disorders or diagnoses, emergency contact information, preferred physician information, and emergency consent for treatment affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review of Client #1's record on 3/5/18 revealed: -Admission: No face sheet with first, middle, last name; no client record number; no race, gender, marital status; no date of admission -Diagnoses: No mental illness, developmental disability, physical disorders or other diagnoses</p>	V 113	<p>and was available if requested. It is the contractor and employee records which are housed in the Asheville main office where they are maintained by Human Resources.</p> <p><i>QP will check for documentation during monthly visits.</i></p>	
-------	---	-------	---	--

*Kelly Ersever
QPMA
3/26/18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLAY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 FRANK STREET WEST JEFFERSON, NC 28694
---	---

(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 113	<p>Continued From page 4</p> <p>-Emergency Information: no record was kept in the facility which contained emergency contacts' or physicians' names, addresses and phone numbers to be contacted in case of sudden illness or accident</p> <p>-Emergency Consent: no consent kept in the facility which permitted emergency care from a hospital or physician</p> <p>Review of Client #2's record on 3/5/18 revealed: -Admission: No face sheet with first, middle, last name; no client record number; no date of birth; no race, gender, marital status; no date of admission -Diagnoses: No mental illness, developmental disability, physical disorders or other diagnoses -Emergency Information: no record was kept in the facility which contained emergency contacts' or physicians' names, addresses and phone numbers to be contacted in case of sudden illness or accident -Emergency Consent: no consent kept in the facility which permitted emergency care from a hospital or physician</p> <p>Observation on 3/5/18 at 2:40PM - 5:15PM revealed: -A list of emergency agency contacts were posted on the refrigerator along with the name of Client #1's mother and her phone number; -There was no documentation Client #1's mother was also his guardian; -Client #2 had no documentation of an emergency contact on the same list.</p> <p>Interview on 3/5/18 with Staff #1 revealed: -He had no knowledge of needing guardian consents for emergency care; -If he had known the information was needed in the clients' records, he would have made sure the</p>	V 113		

*Kelly Ersever QPMA
3/20/18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLAY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 FRANK STREET WEST JEFFERSON, NC 28694
---	---

(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 113	<p>Continued From page 5</p> <p>information was included;</p> <ul style="list-style-type: none"> -Both Client #1 and Client #2 had Autism; -Client #2's guardians were his mother, father and grandmother. <p>Interview on 3/5/18 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -She had recently signed on as a facility relief staff; -Staff #2 worked 1:1 with Client #2 during the weekdays; -She was Client #1's mother and guardian; -She had probably signed an emergency consent for her son (Client #1). <p>Interviews on 3/5/18 and 3/6/18 with the Program Manager (PM)/Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -The clients' face sheets, diagnoses, emergency contacts and emergency consents were in the main corporate office (approximately 100 miles away); -The aforementioned information could be obtained by the next day and placed in an office closer to the facility (approximately 30 miles away); -She would make sure staff had the required client record information in the facility for both clients. 	V 113		

*Kelley Erbever
Q PMA
3/26/18*