

[illegible]

Division of Health Service Regulation

completed a supervision with the Group Home Manager/QP regarding to staffing patterns and requirements. The supervision included specific instructions regarding coverage.

What measures will be put in place to prevent the problem from occurring again:

- CEO/Owner will review the Weekly Staffing Schedule weekly (at scheduling completion). A revised schedule will be forwarded to the CEO if revisions are made to the schedule during the work week. CEO will review the schedule with staff sign in/sign out sheets
- If CEO determines additional training and/or follow-up is needed the Quality Management Director will provide additional hands on training and/or consultation.

Weekly and ongoing

Who will monitor the situation to ensure it will not occur again.

- CEO/Owner
- Quality Management Director

Weekly and ongoing

How often the monitoring will take place.

- At least weekly or more often if warranted.

Division of Health Service Regulation

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

DATE

Barbara Brockyfe CEO

3.29.2018

STATE FORM

6899

CO8E11

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl047-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/21/2018
NAME OF PROVIDER OR SUPPLIER NEW HORIZON GROUP HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 497 NORTHWOODS DRIVE RAEFORD, NC 28376		
(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 296	<p>Continued From page 1</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility management failed to assure the minimum number of staff were available to supervised clients when they were present and awake affecting 2 of 2 (#1 & #2) clients. The findings are:</p> <p>Review on 3/20/18 of Client #1's record revealed: - Admission date of 1/26/18 - Diagnoses of Disruptive Mood Dysregulation Disorder; Attention-Deficit Hyperactivity Disorder, Combined, Severe and Oppositional Defiant Disorder.</p> <p>Review on 3/20/18 of Client #2's record revealed: - Admission date of 2/13/18 - Diagnoses of Oppositional Defiant Disorder and</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl047-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/21/2018
NAME OF PROVIDER OR SUPPLIER NEW HORIZON GROUP HOME, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 497 NORTHWOODS DRIVE RAEFORD, NC 28376		
(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 296	<p>Continued From page 2</p> <p>Bipolar Disorder</p> <p>Observation on 3/20/18 at 2:30PM of individuals in the facility revealed:</p> <ul style="list-style-type: none"> - Client #1 and Client #2 were in the living room/common area watching television. - One person was in the facility cooking. (Staff #1) <p>During interview on 3/20/18, all clients in the facility reported:</p> <ul style="list-style-type: none"> - There are "usually" two staff present in the facility when they are present. - There have been a few occasions when only one staff is present to supervise them. - Sometimes one staff has to leave before another staff comes. - They all think there are always two staff at night and are not aware of a time when there has been only one staff available to meet their needs at night. <p>During interview on 3/20/18, Staff #1 said:</p> <ul style="list-style-type: none"> - She had been working in the facility for approximately two months. - The Facility Manager/Supervisor "had just left" and been away approximately 10 minutes prior to the arrival of the surveyor. <p>Further observation on 3/20/18 at 3:00PM of persons in the facility revealed:</p> <ul style="list-style-type: none"> - The returned to the facility. <p>During interview on 3/20/18, the Facility Manager/Supervisor upon return her to the facility after approximately 30 minutes, she said:</p> <ul style="list-style-type: none"> - There are always two staff assigned to supervise the clients. - She had to leave to go to the office. However, she planned to return to work through the evening shift. 	V 296			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl047-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/21/2018
NAME OF PROVIDER OR SUPPLIER NEW HORIZON GROUP HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 497 NORTHWOODS DRIVE RAEFORD, NC 28376			
(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 296	Continued From page 3 During interview on 3/21/18, the Licensee said: - She always tries to have two staff scheduled each shift. - She thought it was possible for one staff to supervise for a limited time when there were only one or two clients in the facility. - She was sure the Facility Manager/Supervisor or a staff could always be available in the facility by thirty minutes	V 296			

**NEW HORIZON GROUP HOME
WEEKLY SCHEDULE
SAMPLE**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1ST SHIFT	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1
	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2
2ND SHIFT	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1
	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2
3RD SHIFT	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1	Staff person #1
	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2	Staff person #2

Reminder: No less than two staff must be present with one, two, three, or four consumers.

Any staff person that cannot work their assigned shift must:

- arrange for a relief staff person; or
- switch shift with another staff person

All changes to the shift must be arranged through the Group Home Manager

Supervision Meeting

Employee: Sheila Lee, Group Home Manager
Quality Supervisor: Shirley Liles, Quality Management Director
Date: March 30, 2018
Re: Staffing Pattern Requirements Level III Group Home

During an on-site follow-up visit with DHSR dated 3-21-18, it was noted only one staff person was present at the group home with two consumers. DMH Rule mandates that two staff are always present with one, two, three, or four consumers at all times. During consumer sleep hours, two staff must continue to be present in the group home. However, one of the staff may sleep while the other staff person remains awake.

During an emergency or if a situation arises that you must leave the group home and you are counted as one of the required staff members, you must call another staff person into work to cover for you leaving. Please be reminded, two staff always must be present even with one consumer.

A training relevant to the DMH Rules is being planned for all Level III Group Home staff. The date and time will be planned with your assistance which will not interfere with the operation of the group home.

In the future, you shall immediately adhere to the following areas:

1. Ensure that the required number of staff persons are always on site at the group home. Remember regardless if you have 1, 2, 3, or 5 consumers in the home, you must still have two staff in the home.
2. Upon completion of the Weekly Staffing Schedule, forward a copy to Ms. Brockington for review. If changes are needed during the week, forward a revised copy to Ms. Brockington at the end of the work week. A sample staffing schedule has been provided. The schedule has reminders regarding the staffing requirements. Please utilize this Staffing Schedule Form when planning the weekly schedule.
3. If you are working as one of the direct care staff and included in the consumer/staff ratio and a situation arises in which you need to leave the group home, you must arrange coverage to replace you prior to leaving the group home.
4. At any time, two staff are working at the group home and an emergency arises in which one of the staff must leave, staff coverage must be in place prior to the staff on duty leaving.