

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/15/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 7	STREET ADDRESS, CITY, STATE, ZIP CODE 125 SHAMROCK DRIVE SALISBURY, NC 28144
---	--

(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 and follow up survey was completed on 3-15-18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose primary Diagnosis is a Developmental Disability.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">APR 20 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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

[Handwritten Signature]

TITLE
[Handwritten Signature]

(X6) DATE
4-17-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 7	STREET ADDRESS, CITY, STATE, ZIP CODE 125 SHAMROCK DRIVE SALISBURY, NC 28144
---	--

(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, interviews and observation, the facility failed to ensure treatment plans were implemented, effecting one of three clients (client #2). The findings are:</p> <p>Review on 3-14-18 of client #2's record revealed: -Person Centered Plan dated 7-1-17 revealed: "Due to [client #2's] hearing disability must be noted that [client #2] has a bed shaker installed in his room as well as a receiver and fire alarm transmitter. It is wired in the transmitter through an auxiliary rely to ensure constant 12xbc. Upon fire alarm activation unit stays active for one minute and 15 seconds, times out for 3-5 minutes.</p> <p>Review on 3-15-18 of receipt showing purchase of a bed shaker and installed by fire alarm company dated 2013.</p> <p>Observation on 3-14-18 at approximately 5:00 pm of client #2's bed revealed: -No bed shaker was present.</p> <p>Interview on 3-14-18 with staff #1 revealed: -Client #2 had never had a bed shaker that he has known about. -When they have a fire drill, he goes into client #2's room and alerts him.</p> <p>Interview on 3-14-18 with staff #2 revealed: -Client #2 had never had a bed shaker. -She had heard that the facility was going to gets lights installed in his room , but that hadn't happened yet. -When they had a fire drill, she went into his room to make sure he exited the facility.</p>	V 112		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 7		STREET ADDRESS, CITY, STATE, ZIP CODE 125 SHAMROCK DRIVE SALISBURY, NC 28144		
(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	Continued From page 2 Interview on 3-14-18 with client #2 revealed: -He had thrown his bed shaker away. -"I didn't need it, they never do fire drills when I am asleep." -He kept the bed shaker in his drawer for awhile before throwing it away. Interview on 3-15-18 with administrator revealed: -They were not aware that client #2 had thrown his bed shaker away. -They would get him a new one and train staff in it's use, and the importance of having drills when client #2 was asleep -They would also instruct client #2 on the importance of having a way to alert him during a fire drill or actual fire.	V 112	Client #2 was instructed of the importance of having a bed vibrator on his bed as a way to alert him during a fire drill or actual fire. (See attached documentation) Staff were trained on Client #2 having a bed vibrator, it's use and the importance of having drills while Client #2 is asleep. (See attached documentation) Staff #1 (RB) trained on 3/21/18 Staff #2 (RP) trained on 3/23/18 New bed shaker installed by Patriot Systems LLC on 4/16/18 (see attached documentation)	3/21/18 4/16/18

Name: _____ Record No.: _____

I [REDACTED] have a bed vibrator installed on the bed in my room due to my hearing disability. This vibrator is wired into the transmitter through an auxiliary relay to make sure that the bed vibrates when the fire alarm is activated. This unit stays active for 1 minute and 15 seconds and then it times out for 3.5 minutes. Then the vibrator will activate again for 1 minute and 15 seconds. This vibration on the bed is meant for me to know that there is a fire and to let me know that I must leave the house.

It is very important that the vibrator remains on the bed. I must never take the vibrator off my bed. I must not remove it and put it somewhere else. It must stay on my bed. HUD paid for the initial installation of the bed vibrator. Cabarrus County Group Homes, Inc., paid for the second installation. If I throw the vibrator away again, I will pay for each and every installation afterwards.

If for some reason the alarm is not working correctly, or in some way it is bothering me, I will tell the group home manager on duty about my concerns.

[REDACTED]

3-21-2018

Legally Responsible Person

Date

COPY

STAFF: [REDACTED]
From: [REDACTED]
SUBJECT: [REDACTED] BED VIBRATOR

Due to [REDACTED] hearing disability, he needs a bed vibrator that is installed on his bed that is wired into the fire alarm transmitter through an auxiliary relay that ensures constant 12 volt DC upon fire alarm activation. The unit stay active for 1 minute and 15 seconds and times out for approximately 3.5 minutes, then it will reactivate for 1 minute to 1 minute and 15 seconds.

On duty staff is responsible for monitoring that the system for [REDACTED] is working as well as that the system is attached to the bed as it should be.

Staff will provide this monitoring by stating in the summary of the **FIRE AND DISASTER DRILL SHEET** in the **SUMMARY OF DRILL SECTION** that the bed vibrator was checked that it is present each time that there is a drill completed and documented. Each Fire and Disaster drill will note that the bed vibrator was checked by the on-duty manager.

Some Fire and Disaster drills should occur when residents are in bed. This is to ensure that residents know how to react to a fire drill when they are awakened. If [REDACTED] is not in bed when a Fire/Disaster drill is done at night, then a Fire/Disaster drill should be done when [REDACTED] is napping. This is to ensure that [REDACTED] knows how to handle a fire when awoken from sleep as well as training [REDACTED] as to the benefit and importance of having the bed vibrator always attached to the bed.

[REDACTED]

3-21-18

Staff Signature

Date

COPY

STAFF: [REDACTED]
From: [REDACTED]
SUBJECT: [REDACTED] BED VIBRATOR

Due to [REDACTED] hearing disability, he needs a bed vibrator that is installed on his bed that is wired into the fire alarm transmitter through an auxiliary relay that ensures constant 12 volt DC upon fire alarm activation. The unit stay active for 1 minute and 15 seconds and times out for approximately 3.5 minutes, then it will reactivate for 1 minute to 1 minute and 15 seconds.

On duty staff is responsible for monitoring that the system for [REDACTED] is working as well as that the system is attached to the bed as it should be.

Staff will provide this monitoring by stating in the summary of the **FIRE AND DISASTER DRILL SHEET** in the **SUMMARY OF DRILL SECTION** that the bed vibrator was checked that it is present each time that there is a drill completed and documented. Each Fire and Disaster drill will note that the bed vibrator was checked by the on-duty manager.

Some Fire and Disaster drills should occur when residents are in bed. This is to ensure that residents know how to react to a fire drill when they are awakened. If [REDACTED] is not in bed when a Fire/Disaster drill is done at night, then a Fire/Disaster drill should be done when [REDACTED] is napping. This is to ensure that [REDACTED] knows how to handle a fire when awoken from sleep as well as training [REDACTED] as to the benefit and importance of having the bed vibrator always attached to the bed.

[REDACTED]

Staff Signature

3-23-18
Date

COPY



PATRIOT SYSTEMS LLC

7339-F WEST FRIENDLY AVENUE
 GREENSBORO, NORTH CAROLINA 27410
 PHONE 336.297.2171 FAX 336.297.2174
 www.patriotsystemsllc.com

Always Ready To Serve Our Customers

Work Order #: 4226
 Date opened: 2018-04-13
 Date completed:
 Customer: ARC-Rowan #3
 Bill To: ARC-Rowan #3
 Contact: Rose
 Phone: (704)-232-0061

Property: ARC-Rowan #3
Address: 125 Shamrock Drive
 Salisbury, NC 28144

Phone: (704)-216-2273
Phone:

SERVICE REQUESTED

Install Bed Shaker per Quote. Job #4226

SERVICE PERFORMED

*Installed Bed Shaker & Tested had to move transmittor
 to back wall. Then stroke next to room to get it to work
 consistently.*

Drive time:

On site time:

TECHNICIANS

Date	Drive	On Site	Technician	Hours	Date	Drive	On Site	Technician	Hours
					9/16	1.5	1.5	Centro	

ITEMS

Name	Description	Quantity	Cost	Total
------	-------------	----------	------	-------

LABOR

TOTALS

TYPE	HRS	RATE	TOTAL	NOTES
Total Drive Hours	0.00	(not set)	(not set)	
Total Normal Hours	0.00	(not set)	(not set)	
Total After Hours	0.00	(not set)	(not set)	

	TOTAL
VEHICLE SURCHARGE	(not set)
MATERIALS	0.00
NC SALES TAX	0.00
LABOR	0.00
INSPECTION	(not set)
TOTAL	0.00

SK09214 SideKick Stroke
 Light
 VIB-85 Bed Vibrator
 FA-1004.4 Transmittor

(1)
 (1)
 (1)

Patriot Systems, LLC

7339 West Friendly Avenue, Suite F

Greensboro, North Carolina 27410

Phone (336) 297-2171 Fax (336) 297-2174

www.patriotsystems.biz

Invoice

Date	Invoice #
4/16/2018	36570

Customer
The Arc of NC 5509-A West Friendly Ave., Suite 101 Greensboro, NC 27410

Reference
Arc Rowan #3 125 Shamrock Drive Salisbury, NC

Project	Terms	Work Order Number
4226 - Arc - Rowan #3	Net 30	

Item	Qty	Description	Rate	Amount
Per Quote		Install Bed Shaker	750.00	750.00
		Sales Tax	6.75%	0.00

Total \$750.00**Balance Due** \$750.00

For questions regarding this invoice or other general accounting issues,
please contact Gina Williamson at (336)297-2171 ext. 602 or
gina.williamson@patriotsystemsllc.com

A MONTHLY 1.5% LATE FEE WILL BE ADDED TO PAST DUE ACCOUNTS.

FIRE ALARM - AREA OF RESCUE - SECURITY - ACCESS CONTROL - SOUND & PAGING - NURSE CALL - CCTV - VOICE & DATA
LOW VOLTAGE SYSTEMS - SALES - SERVICE - INSTALLATION - INSPECTIONS - SERVICE CONTRACTS - CENTRAL MONITORING

Patriot Systems, LLC is a Minority Business Enterprise under the WBE Classification

Celebrating our 15th Anniversary! 2003 - 2018



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 19, 2018

Ms. Ginger Pope, Administrator
Cabarrus County group Homes, Inc.
PO Box 1197
Concord, NC 28026

Re: Annual and follow up Survey completed 3-15-18
Cabarrus County Group Home #7, 125 Shamrock Drive, Salisbury, NC 28144
MHL # 080-166
E-mail Address: margiew@ctc.net

Dear Ms. Pope:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 3-15-18.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is May 15, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

