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	MHL092-267	A. BUILDING: _____ B. WING _____	C 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE HOME	209 ROSE STREET CARY, NC 27511

(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, Follow Up and Complaint Survey was completed April 26, 2018. The complaints were substantiated (Intake #NC00136972 and #NC00137978). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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V 115	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide activities for four of four clients (#1-#4). The findings are: Review on 04/23/18 of the facility's records revealed the following: -Client #1 ...diagnoses include Intellectual Disability Disorder, Autism, Seizure Disorder and PICA... the treatment plan dated 2/1/18 listed goals including using safety practices, completing chores, participating in hygiene regime -Client #2 ...diagnoses include Severe mental Retardation, Seizure Disorder and Cerebral Palsy... the treatment plan included goals addressing communicating her needs to others, maintaining belongings in an organized manner, displaying positive behavior while transitioning between activities and displaying safe behavior in the community -Client #3 ...diagnoses include Profound Mental Retardation, Cerebral Palsy, Seizure Disorder and Constipation ....treatment plan dated 03/01/18 listed goals inclusive of participate in opportunities to socialize, communicate with other and activities she enjoys with others at day program and residential setting. -Client #4 ...diagnoses include Profound Mental Retardation, Seizure Disorder and Autism...treatment plan dated 07/01/17 listed goals make purchases of wanted items, aware of surroundings of her home and community as well as participate in daily supports services at a day program....mobility- wheelchair.	V 115		

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V 115	Continued From page 2 Observations on 04/23/18 at 9:30AM-12N and 04/25/18 at 11:30-12:10P revealed clients at the group home. One staff on duty. (Refer to tag V290 regarding insufficient staffing pattern) During interview on 04/23/18, staff #1 reported the clients were not going out of the facility. She was the only staff on duty and the clients required a lot of hands on services to toilet, feed and supervise. During interview on 04/25/18, staff #3 reported the clients #2-#4 were at the facility for the day. In the past, if she needed assistance taking the clients to the day program or community, she would call the Program Coordinator to help her load up the clients on the van.	V 115		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:	V 290		

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V 290	Continued From page 3 (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observations, record review and interview, the facility failed to implement staff-clients ratios determined by the agency which were above the minimum numbers to respond to individualized needs for four of four clients (#1-#4). The findings are: Review on 04/23/18 of the facility's records revealed the following: -Client #1 ...diagnoses include Intellectual	V 290		

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V 290	Continued From page 4 Disability Disorder, Autism, Seizure Disorder and PICA... the treatment plan dated 2/1/18 listed goals including using safety practices, completing chores, participating in hygiene regime -Client #2 ...diagnoses include Severe mental Retardation, Seizure Disorder and Cerebral Palsy... the treatment plan included goals addressing communicating her needs to others, maintaining belongings in an organized manner, displaying positive behavior while transitioning between activities and displaying safe behavior in the community -Client #3 ...diagnoses include Profound Mental Retardation, Cerebral Palsy, Seizure Disorder and Constipation ....treatment plan dated 03/01/18 listed goals inclusive of be safe in all settings with total assistance from staff, ...non ambulatory and non verbal method of communication...uses a wheelchair but has AFO's (ankle-foot orthosis) and encouraged to walk short distances but requires staff's assistance and self feeds with adaptive equipment. -Client #4 ...diagnoses include Profound Mental Retardation, Seizure Disorder and Autism...treatment plan dated 07/01/17 listed goals inclusive of assistance from staff with toileting per two hour schedule, task to promote independence in activities of daily living, aware of surroundings of her home and community...ambulatory, needs to be fed. Review on 04/23/18 of the facility's April 2018 work schedule revealed: - A total of 5 paraprofessional staff identified as employees for the group home (staff #3 designated as employee for 1st shift: 7:15-, staff #4 designated as employee for 2nd shift, staff #2	V 290		

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V 290	Continued From page 5 designated as employee for 3rd shift, staff #1 & staff #5 designated as floater/as needed staff) -The Program Coordinated listed as a floater at all three facility managed group homes on 1st shift Review on 04/26/18 of authorization forms by the Local Management Entity of residential supports revealed: -Client #1 was approved for Level 4 from 02/01/18-01/31/19. -Clients #2-#4 were approved for Level 3 between 2017-2018. During interview on 04/26/18, the Care Coordinator for clients #1-#2 and #4 revealed: -She visited the group home monthly. Her visits were both announced an unannounced. -For the past 6 months or more, the staffing pattern at the group home had been one staff on duty versus the two required per shift. -She spoke with the Qualified Professional and the Program Manager at the Corporate office regarding her concerns regarding staffing. Her last conversation regarding staff concerns were expressed April 2018. -Level 4 Residential supports included additional staffing or often one on one services to meet the needs of the client. -Client #1 had history of behaviors that included PICA, Feces smearing, wandering away and choking -Client #2 used to receive Level 4 residential supports but in the past year or so, data supported decrease in behaviors therefore, she received Level 3 residential supports. Observation on 04/23/18 at 9:30AM revealed clients #1-#4 at the facility, staff #1 only staff physically at the group home. Staff #1 continued	V 290		

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V 290	Continued From page 6 to provide personal care services as well as provide assistance to Division of Health Care Regulation Employees. Approximately at 9:55AM, the Qualified Professional arrived at the group home. During interview on 04/23/18, staff #1 reported she was the only staff on duty or assigned to work at the group home. Observation on 04/25/18 at 11:30AM revealed clients #2-#4 at the facility and staff #3 who was visibly pregnant. Staff #3 confirmed she was the only staff on duty. Client #1 had been taken to another home with a peer from that sister facility. During interviews between 04/23/18 and 04/25/18, the Qualified Professional reported: -The group home staffing pattern was supposed to be two staff per shift based on the physical needs of the clients. -She completed the staff schedule. -It was difficult to sustain staff either during orientation process or after a few weeks of work. She had several veteran staff that had resigned recently.	V 290		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility.	V 542		

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V 542	Continued From page 7 This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. This Rule is not met as evidenced by: Based on observation, record review and interviews, the Qualified Professional (QP) failed to appropriately the manage personal funds of one of four clients (#1). The findings are: Observation on 4/25/18 at approximately 11:30 AM of the living room revealed a 55 inch flat screen TV in a box. Continued observation revealed a TV was present in client #1's bedroom.	V 542		

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V 542	Continued From page 8 Review on 4/23/18 of client #1's record revealed: - an admission date of 1/1997 - an Individual Support Plan dated 2/1/18 with diagnoses including Intellectual Disability Disorder, Autism, Seizure Disorder and PICA During an interview on 4/25/18, the QP reported: - the 55 inch TV in the living room at the facility was client #1's TV - the TV was purchased with client #1's personal money during a spend down - the TV was supposed to go in the living room but was too big for the entertainment center currently in the living room - client #1's father purchased a TV for client #1's bedroom - she had access to the receipt for the 55 inch flat screen but it had not occurred to her to return it - it was not appropriate to purchase items for common areas of the house with a client's personal funds	V 542		