

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/16/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GUARDIAN CARE 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>510 CRISSY DRIVE</b> <b>JACKSONVILLE, NC 28541</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on May 16, 2018. This was a limited follow up survey, only: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) was reviewed for compliance. The following Type A1 was abated and recited as a standard level deficiency: 10A NCAC 27G .205 Assessment Treatment/Habilitation or Service Plan (V112) and recited. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the</li> </ol>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to address the behaviors of one of two audited clients (#1). The findings are:</p> <p>Review on 05/16/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 26 year old male, admitted to the facility June 2009.</li> <li>- Diagnoses of Moderate Intellectual/Developmental Disability, Intermittent Explosive Disorder, Mood Disorder, not otherwise specified, Oppositional Defiant Disorder.</li> <li>- Individual Support Plan by the Local Management Entity (LME) was updated 3/01/18, and included the following: <ul style="list-style-type: none"> <li>- "What Others Need to Know to Best Support Me . . . Life Situation . . . Although last year [Client #1] was doing better with his behaviors, this past year his behaviors increased again. The police were called as he allegedly touched his niece while at his mother's home. Charges were not pressed on [Client #1] however this is a possibly for [Client #1]. He has also attacked female staff and has cornered female staff on multiple occasions masturbating in front of female staff. This has continued and has gotten worse. He is masturbating in front of others more often. . . . [Client #1] requires constant redirection, role modeling, and supervision throughout the day to</li> </ul> </li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <p>ensure his safety. [Client #1] requires one on one redirection to ensure the safety of his self as well as others in his home. . . [Client #1] also has a history of masturbating in public places. . . [Client #1] has broken things and has put holes in doors and walls. . . Behavioral: . . . [Client #1] is presently having issues with interactions with females, saying inappropriate comments to them and following them around, and not providing them with a comfortable amount of personal space. . . Also history of him masturbating in public. . . [Client #1] requires support to learn about and/or avoid actions that endanger self or others. . . [Client #1] requires support to prevent, manage or provide therapy for behaviors or conditions that can potentially cause physical harm to himself or others or that may be a misdemeanor. [Client #1] requires close supervision due to risk of wandering away. [Client #1] requires support due to inability to make safe choices when at home and in the community. . . Incident Reports: 1. March 7, 2017 (Level II) - Became upset after being confronted about masturbating in public . . . 2. March 28, 2017 (Level II) - Became upset after being confronted about masturbating in public . . . 5. August 8, 2017 (Level II) - [Client #1] left the (day program) facility and walked to his mother's house; his mother wasn't there; [Local Municipality] Sanitation workers witnessed [Client #1] masturbating while children were walking to the nearby elementary school. . . [Client #1] needs to have SCS (Specialized Consultative Services) for a behavioral support plan and training staff; however, currently there is not a provider in the area for this service. The team will be implementing this service as soon as a provider is available." - "Long Range Outcome: [Client #1] will learn how to interact with others in his home and in the</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>community in a respectful manner. Where am I now in Relationship to the Outcome? . . . The team would like to continue this goal as [Client #1's] masturbating in public has increased in the past year. [Client #1] will learn how to masturbate in private and avoid masturbating in public places . . . Service/Support to Reach Outcome: Residential Support . . . Who will provide Support &amp; Location(s) Licensee . . . Estimated Frequency for Each Location 7 D/W (Days per Week) . . . "</p> <p>-Residential "Individual Support Plan Short Range Goals" dated 03/01/18 revealed no documented strategies for client #1's elopement behavior.</p> <p>Review on 05/16/18 of the Plan of Correction for the annual and follow up survey dated 03/21/18 revealed:</p> <ul style="list-style-type: none"> <li>- "The Qualified Professional will monitor Client #'s behavior on a bi-weekly basis to determine behavior changes and the need for additional preventative measures to decrease the frequency of elopement..."</li> <li>- "The monthly calendars will have all of the meeting dates to discuss and review Short Range Goals, Individualized Service Plans, Classroom Instruction for Day Supports Program and outcomes of strategies and interventions that have been implemented to support and prevent incidents regarding Client#1's behaviors of elopement..."</li> </ul> <p>Interview on client #1 stated:</p> <ul style="list-style-type: none"> <li>- He could not recall how long he had resided at the facility.</li> <li>- Staff were with him at the facility and out in the community.</li> <li>- He had not eloped from the facility.</li> </ul> <p>Interview on 05/16/18 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>- He had received additional training in meeting</li> </ul>	V 112		

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V 112	<p>Continued From page 4</p> <p>client #1's needs.</p> <ul style="list-style-type: none"> <li>- Client #1 had not eloped while he was at the facility.</li> </ul> <p>Interview on 05/16/18 staff #4 stated:</p> <ul style="list-style-type: none"> <li>- He worked various shifts at the facility.</li> <li>- The facility had meetings to review client #1's issues and goals.</li> <li>- Client #1 had not eloped while he was at the facility.</li> </ul> <p>Interview on 05/16/18 the Care Coordinator Supervisor stated:</p> <ul style="list-style-type: none"> <li>- The facility could update the short range goals as needed to meet the client's current needs.</li> <li>- The facility did not have to wait for the end of a quarter to update short range goals.</li> <li>- She had been notified client #1 walked off from the day program on 04/05/18.</li> <li>- No SCS was available at present for client #1.</li> </ul> <p>Interview on 05/16/18 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Staff had received additional training in meeting client #1's needs.</li> <li>- Client #1 had a Care Coordinator through the Local Management Entity (LME).</li> <li>- The facility completed short range goals.</li> <li>- Client #1 has not had any other elopements from the facility since previous survey.</li> </ul> <p>Interview on 05/16/18 an Administrative Staff Member stated:</p> <ul style="list-style-type: none"> <li>- The LME completed client #1's Individual Support Plan (ISP).</li> <li>- She was not aware of any incidents with client #1 since 04/13/18.</li> </ul> <p>Interview on 05/16/18 a second Administrative Staff Member stated:</p>	V 112		

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V 112	Continued From page 5 - The LME Care Coordinator completed client #1 ISP. - The facility was responsible for short range goals. - The facility had not implemented goals related to client #1's elopement history since the 03/21/18. - She understood the facility could update the short range goals for client #1's elopement history as needed.	V 112		