

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/21/2018
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NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT CENTER # 3	STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 21, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that 1 of 1 Direct Care staff reviewed (the Administrator) had current training in basic First Aid including seizure management, and was currently trained to provide cardiopulmonary resuscitation (CPR). The findings are:</p> <p>Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old. -- This client is being prescribed and administered 5 different medications for his blood pressure and/or heart condition (Toprol, Simvastatin, Aspirin, Losartan and Hydrochlorothiazide).</p> <p>Review on 3/20/18 of the Administrator's personnel file revealed that the last time she had taken a CPR course had been in September 2015. This certification expired in September 2017, (approximately 6 months ago).</p> <p>Interview on 3/20/18 with the Administrator revealed the following information; -- She confirmed her CPR and First Aid had</p>	V 108		

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V 108	Continued From page 2 expired. -- She did not realize that it had been out of date for that long. - She does work alone with the clients as she is currently the only staff person. -- She has been the only staff to work at the facility since her other staff person died approximately 6 months ago.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

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V 110	<p>Continued From page 3</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 Paraprofessional staff (the Administrator) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Interviews on 3/19/18 and 3/20/18 with the Administrator revealed she has been the only staff working at the facility for the last 6 months, and her responsibilities include the following; -- The overall functioning of the facility including client treatment, and facility cleanliness and upkeep. -- All personnel functions.</p> <p>Review on 3/19/18 of Client #2's record revealed the following information; -- Admitted to the facility on 5/1/11. -- Diagnoses include Severe Mental Retardation, Schizoaffective Disorder, Schizophrenia, Asthma, Allergic Rhinitis, Tobacco Use, Chronic Kidney Disease - Stage III (moderate to severe loss of Kidney function) and High Risk Sexual Behaviors. -- Age 34 years old.</p> <p>Interview on 3/20/18 with the Administrator revealed the following information; -- She was unaware that Client #2 had a diagnoses on his FL-2 dated 1/30/18 of High Risk Sexual Behaviors. -- She did not know if the 'high risk sexual behaviors' were from Client #2 aimed at others,</p>	V 110		

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V 110	Continued From page 4 or if Client #2 was putting himself at risk with 'high risk sexual behaviors.' During this survey, the Administrator failed to demonstrate competence in the following areas: -- Assuring an admission assessment was completed including required information to assess if the facility could meet the client's needs. * See Tag V-111, Assessment/Treatment/Habilitation Plans for specific details/examples. -- Assuring coordination was maintained between herself and other Qualified Professionals responsible for medical and psychiatric services. * See Tag V-291, Supervised Living - Operations for specific details/examples.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and	V 111		

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V 111	<p>Continued From page 5</p> <p>vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that an admission assessment was completed for each client, prior to the delivery of services which included the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical and vocational, as appropriate to the client's needs affecting 3 of 3 clients (#1 #2 #3). The findings are:</p> <p>Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old.</p> <p>Review on 3/19/18 of Client #2's record revealed the following information;</p>	V 111		

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V 111	<p>Continued From page 6</p> <p>-- Admitted to the facility on 5/1/11. -- Diagnoses include Severe Mental Retardation, Schizoaffective Disorder, Schizophrenia, Asthma, Allergic Rhinitis, Tobacco Use, Chronic Kidney Disease - Stage III (moderate to severe loss of Kidney function) and High Risk Sexual Behaviors. -- Age 34 years old.</p> <p>Review on 3/19/18 of Client #3's record revealed the following information; -- Admitted to the facility on 8/26/11. -- Diagnoses include Mental Retardation, Schizophrenia and Bipolar Affective Disorder. -- Psychological testing in 2011 showed a Full Scale IQ (intelligence quotient) of 51. -- Traumatic brain injury at age 2 resulting in a diagnoses of Moderate Mental Retardation. -- Age 31 years old.</p> <p>Review on 3/19/18 of the above 3 client records revealed the following; -- A form titled "Adult Care Home Personal Care Physician Authorization And Care Plan" which is used by the Adult Care Licensure Section (ACLS) to provide information to the Division of Medical Assistance (DMA) about what level of assistance is required to provide Personal Care Assistance to a client. -- A form titled "Resident Register" written by the ACLS for use in Assisted Living Facilities or Family Care Homes (both of which are licensed by the ACLS) to provide basic information about the assistance the client will need from staff, and the client's preferences. -- Both of the above forms had been completed by the Administrator upon the clients admission to the facility, and periodically there after.</p> <p>Neither of the above forms address the client's presenting problem, the client's needs and</p>	V 111		

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V 111	Continued From page 7 strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical or vocational, as appropriate to the client's needs. Interview on 3/20/18 with the Administrator revealed the following information; -- She did not realize that the forms she had been using from the ACLS section of the Division of Health Service Regulation did not include all of the required components for a complete assessment for admission to a Mental Health licensed group home.	V 111		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.	V 291		

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V 291	<p>Continued From page 8</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals (QPs) responsible for treatment/habilitation or case management affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old.</p> <p>Review on 3/19/18 of Client #1's record revealed the following information; -- His last appointment he attended with his Psychiatrist was on 9/19/17. -- The Psychiatrist wanted to see the client next in December 2017. -- The client saw his Primary Care Physician (PCP) on 11/28/17, at which time his PCP increased one of his 4 Psychiatric medications (Klonopin). -- The client was supposed to follow-up the above appointment with his PCP in 2 weeks.</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>-- The next appointment (the follow-up) with his PCP occurred 4 weeks later on 12/28/17, at which time his PCP added an additional Psychiatric medication to his regimen (Remeron). -- The client was supposed to follow-up the above appointment with his PCP in 1 month. -- No further documentation of any follow-up to the above could be found in this record.</p> <p>Interview on 3/19/18 with the Administrator revealed the following information; -- Client #1 last saw his Psychiatrist in September 2017. -- His next appointment with his Psychiatrist was scheduled for December 2017, however the client missed this appointment. -- She did not realize this appointment was missed, so no further appointments with the Psychiatrist were scheduled. -- Prior to the above missed appointment, Client #1 began to have problems sleeping. -- She took him to see his PCP in November 2017 to address this problem, and his Klonopin dosage was increased. -- She was unable to state why the next follow-up appointment occurred 4 weeks later, rather than 2 weeks later as the PCP had requested. -- When she returned to the PCP with Client #1 she informed him that the increased dose of Klonopin had not helped the client very much, and that is when the additional medication Remeron was added. -- When asked by Surveyor why client #1 was not taken back to the PCP for the 1 month follow-up, she stated "it wasn't working (the medications), so I didn't follow-up." -- She confirmed that it has now been almost 3 months since Client #1 had been seen for any kind of follow-up. -- She confirmed that it has now been 6 months</p>	V 291		

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V 291	Continued From page 10 since Client #1 has seen his Psychiatrist.	V 291		