

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2018
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NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES 2	STREET ADDRESS, CITY, STATE, ZIP CODE 103 CASPIA COURT RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on May 11 2018. The complaint was unsubstantiated (Intake # NC00137866. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600A Supervised Living for Adults with a Mental Illness.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, one of one Licensee/Qualified Professional (QP) failed to demonstrate competency. The findings are:</p> <p>Review on 5/8/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 1/26/18. - Diagnoses of Schizoaffective Disorder and PTSD (Post Traumatic Stress Disorder), and Borderline Personality Disorder. - Person Centered Plan (PCP) dated 2/19/18. -There was no documentation of strategies in client #1's record to address her elopement, solicitation/panhandling, and suicidal threatening behaviors. <p>Review on 5/10/18 of the facility's "Admission Assessment" dated 1/26/18 revealed:</p> <ul style="list-style-type: none"> - "Presenting Problems and/or Reasons For Admission: - [Client #1] is a 33 year old caucasian woman that deals with schizoaffective, borderline personality disorder, ptsd. She also deals with voices and visions saying negative comments, like kill myself, cut myself, my grandma is going to die. These occur sometimes but not always." <p>Review on 5/10/18 of a Person Centered Plan (PCP) dated 2/19/18 with no noted updates</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - "Goal #1: [Client #1] will use coping skill. Remain focused on structured activities without thinking about someone will walk out on her. Group home staff: assist [client #1] with achieving goal daily by providing support and interventions. [Client #1] will participate in a structured activity daily for 25 consecutive minutes. [Client #1] will verbalize her mood and emotions to deescalate any suicidal thoughts." - "Goal #2: [Client #1] will take her medications as prescribed. [Client #1] will adhere to redirections as prescribed for 7 consecutive days, 12 months a year. <p>Support staff will promote medications as prescribed.[Client #1] will adhere to redirections as prescribed for 7 consecutive days, 12 months a year."</p> <p>There were no written goals, strategies, or interventions to address client #1's elopement, solicitation/panhandling, and suicidal threatening behaviors.</p> <p>During interview on 5/11/18 the QP/ Licensee stated:</p> <ul style="list-style-type: none"> - They did not develop and implement any interventions or strategies to address client #1's elopement behaviors. - "Client #1 would leave the facility on occasions without staff's permission and walk to neighbors home in the neighborhood to ask for cigarettes and money." <p>* See Tag V-112, Assessment/Treatment/Habilitation Plans for specific details/examples.</p>	V 109		

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V 109	Continued From page 3 This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised living-Scope (Tag V-289) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. This Rule is not met as evidenced by:	V 112		

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V 112	<p>Continued From page 4</p> <p>Based on record review and interviews, the facility failed to develop and implement strategies and interventions to address one of three client's (#1) episodes of elopement, solicitation/panhandling, and suicidal threatening behaviors . The findings are:</p> <p>Review on 5/8/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 1/26/18. - Diagnoses of Schizoaffective Disorder and PTSD (Post Traumatic Stress Disorder), and Borderline Personality Disorder. - Person Centered Plan (PCP) dated 2/19/18. -There was no documentation of strategies in client #1's record to address her elopement, solicitation/panhandling, and suicidal threatening behaviors. <p>Review on 5/10/18 of the facility's Admission Assessment dated 1/26/18 revealed:</p> <ul style="list-style-type: none"> - "Presenting Problems and/or Reasons For Admission: - [Client #1] is a 33 year old caucasian woman that deals with schizoaffective, borderline personality disorder, and PSTD. She also deals with visions and voices saying negative comments, like kill myself, cut myself, my grandma is going to die. These occur sometimes, but not always." <p>Review on 5/10/18 of a Person Centered Plan (PCP) dated 2/19/18 with no noted updates revealed:</p> <ul style="list-style-type: none"> - "Goal #1: [Client #1] will use coping skill. Remain focused on structured activities without thinking about someone will walk out on her. Group home staff: assist [client #1] with achieving goal daily by providing support and interventions. [Client #1] will participate in a structured activity daily for 25 consecutive minutes. [Client #1] will 	V 112		

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V 112	<p>Continued From page 5</p> <p>verbalize her mood and emotions to deescalate any suicidal thoughts.</p> <p>- "Goal #2: [Client #1] will take her medications as prescribed. [Client #1] will adhere to redirections as prescribed for 7 consecutive days, 12 months a year.</p> <p>Support staff will promote medications as prescribed. [Client #1] will adhere to redirections as prescribed for 7 consecutive days, 12 months a year."</p> <p>There were no written goals, strategies, or interventions to address client #1's elopement, solicitation/panhandling, and suicidal threatening behaviors.</p> <p>Review on 5/11/18 of the County Emergency Communication Call Log Report revealed:</p> <p>- "3/13/18 21:57:36 - 22:32:01 (9:57 pm through 10:32 pm) Threatening Suicide Pt. (Patient) trying to jump out of the car.</p> <p>- 4/9/18 01:31:04 (1:31 am) [client #1] just returned home and is upset over her cigarettes and is trying to leave.</p> <p>- 4/15/18 22:51:48 (10:51 pm) Female on his (Facility neighbor's) door step wanting to come in and said they are yelling at her at the Group Home.</p> <p>- 5/1/18 17:53:25 (5:53 pm) (elopement) description: white female black medical boot gray jogging pants white shirt black court and her in a pony tail."</p> <p>Note: Client #1 was not available for interview, due to her being hospitalized after jumping out of the facility's van and running across the street at a major intersection on 5/9/18.</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>During an interview on 5/11/18 the 911 Emergency Dispatch Call Supervisor stated:</p> <ul style="list-style-type: none"> - He was able to confirm all of the County Emergency Communication Calls received for the facility between 3/13/18 through 5/1/18 was incidents involving client #1. <p>During an interview on 5/9/18 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #1's behaviors began to escalate around March 2018, after she returned from a home visit with a family member. - Client #1 has been leaving the group without staff's permission through out the day. She is constantly begging and soliciting money from strangers in the community to buy cigarettes and sodas. - The neighbors have made several complaints regarding client #1's behaviors in the community and of soliciting. - "I witnessed [client #1] being dropped off several times by strangers." She further stated that client #1 confirmed the individuals who dropped her off were strangers. - Client #1 has never left the facility for more than 24 hours, however; the frequency of her elopement behaviors are high and she has eloped more than ten times since her admission date of 1/26/18. - "We haven't had a treatment team meeting to discuss [client #1's] behaviors or to develop goals and strategies for the increase in behaviors." - "I told the [licensee] I needed some help." - "There is one staff on duty daily." - She confirmed that she hasn't received any Special Population Training. - "I call the [licensee] or 911 when incidents happen." - She didn't understand the purpose nor functions of the PCP. - "On 5/9/18 while transporting another client to 	V 112		

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V 112	<p>Continued From page 7</p> <p>her doctors appointment, [client #1] jumped out of the van without warning at a stoplight and ran across the street to a convenience store. This was at a major intersection with heavy traffic. It really scared me because her life was in danger. I called 911 and the [licensee], because she refused to get back into the car. She was later transported to the hospital by the police and admitted."</p> <p>During an interview on 5/11/18 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> - "I'm responsible for completing admission assessments and Treatment Plans for all clients". - "[Client #1] was referred from [hospital]." - She was unable to explain why the PCP (Personal Centered Plan) dated 2/19/18 did not have any goals, strategies, interventions to address client #1's behaviors of elopement, solicitation/panhandling, and suicidal threatening behaviors. - "We call 911 when clients have behaviors. I discussed [client #1's] behaviors with her legal guardian." - "I have not developed any goals and strategies to address [client #1's] behaviors." - "I can't afford another staff. They don't pay us enough." - She confirmed there were no updates to client #1's PCP (Person Centered Plan) after the initial plan was developed on 2/19/18. She further confirmed the facility did not develop any new strategies to address client #1's frequent behaviors of elopement, solicitation/panhandling, and suicidal threatening behaviors. - She acknowledged being aware of client #1's most recent incident that occurred on 5/9/18, when she jumped out of the facility's van and ran across the street of a major intersection putting her life in danger, due to high traffic. She had to 	V 112		

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V 112	Continued From page 8 be transported to the hospital by the local police department. She was admitted to the hospital on 5/9/18. -"I had given the legal guardian and [client #1] a 30 day notice. She was scheduled to be picked up by the legal guardian the day of the incident on 5/9/18." This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised living-Scope (Tag V-289) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	<p>Continued From page 9</p> <p>diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 289		

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V 289	<p>Continued From page 10</p> <p>failed to provide care, habilitation or rehabilitation and supervision within the scope of residential services to individuals affecting one of three clients (#3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) Based on record review and interview, the Licensee/Qualified Professional (QP) failed to demonstrate competency.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment And Treatment/Habilitation or Service Plan (V112) Based on record review and interviews, the facility failed to develop and implement strategies and interventions to address one of three client's (#1) episodes of elopement, solicitation/panhandling, and suicidal threatening behaviors.</p> <p>Review on 5/11/18 of Plan of Protection sign by the Licensee/QP dated 5/11/18 revealed:</p> <p>"Client screening To assure that all members are appropriately screened. Will conduct a screening assessment to determine needs for service. The results of the screening assessment will be documented and address the following areas:</p> <ul style="list-style-type: none"> - Presenting problems of individual - Reason for transition to another facility - Assessment of presenting problems or needs - Referrals and or recommendations - Presenting problems, needs, and strengths of the member - Social, family, and medical history - Evaluations of assessments such as psychiatric, substance abuse, medical and vocational, as related to the member's needs. List of members 	V 289		

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V 289	<p>Continued From page 11</p> <p>medication</p> <p>Facilitate treatment team meeting monthly.</p> <ul style="list-style-type: none"> - Utilized multidisciplinary mental health treatment teams to provide integrated treatment in which team members work collaboratively, sharing responsibility for the individuals served. - Provide integrated treatment goals, outcomes and therapeutic interventions that assist the community protection and treatment member to function safely in society and avoid offending or re-offending. - Provide training, therapy and supervision voluntarily for the community protection and treatment member to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and not require more restrictive settings e.g. incarceration, psychiatric hospitals etc. - Provide training and supervision for the member to increase or maintain his/her self-help, socialization, and adaptive skills. - To enable the member to acquire knowledge, skills and participate in his/her community based on his/her choices. - Facilitate effective team meetings, each team member e.g. care coordinator, psr director, family member, guardian is encouraged to share ideas for problem solving that contribute to improving the practice and member serving. - Set a consistent meeting agenda and document in monthly progress note. - Solve problems as a group <p>Staff training</p> <ul style="list-style-type: none"> - Provide staff training - Administrator and direct staff will meet monthly to evaluate whether or not progress is being made towards client goals. - Direct staff will document activity/ intervention 	V 289		

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V 289	<p>Continued From page 12</p> <p>for at least one goal daily on appropriate progress note. - To assure the health and safety of all the residents."</p> <p>Client #1's incidents of elopement and solicitation/panhandling were not addressed by the facility. There were no strategies developed and implemented in client #1's PCP to address elopement, solicitation/panhandling, and suicidal threatening behaviors. Client #1 would often leave the facility without staff's permission and go to the homes of neighbors to ask for cigarettes and money. Client #1 would also interact and solicit money and cigarettes from strangers in the community. Client #1 has been seen getting out of the cars of unidentified strangers after eloping from the facility. Client #1 has never left the facility for more than 24 hours, however; the frequency of her elopement behaviors are high and she has eloped more than ten times since her admission date of 1/26/18. Client #1 had an incident of jumping out of the facility van and running across a busy intersection. This incident led to client #1 being hospitalized and discharged from the facility. Client #1's behaviors have escalated since the beginning of March, 2018. The facility's Qualified Professional failed to put in place any increased monitoring and supervision for client #1. .</p> <p>This deficiency constitutes a Type A1 violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 289		