

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
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NAME OF PROVIDER OR SUPPLIER CLEARVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 CLEARVIEW TERRACE ASHEVILLE, NC 28801
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(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 and follow up survey was completed on May 10, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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: (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	V 290		

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

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V 290	<p>Continued From page 1</p> <p>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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to assess, annually review and document that a client is capable of remaining in the community without supervision for specified periods of time, effecting 1 of 3 audited clients (#1). The findings are:</p> <p>Record review on 5/1/18 for Client #1 revealed: -Admitted on 5/31/13 with diagnoses of Cerebral Palsy, Bi Polar Disorder, asthma, scoliosis, Borderline Personality Disorder, and deafness. -She was her own guardian. -Treatment plan dated 6/1/17 indicated "[Client #1] has a safety plan in place regarding unsupervised time due to risky behavior. If [Client #1] wants to leave her home without staff, she is to complete a self-checkout form with all details of where she is going and with whom, and check in hourly for up to 3 hours at a time. If [Client #1] is gone for more than 90 minutes without checking in, [mobile crisis] should be</p>	V 290		

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V 290	<p>Continued From page 2</p> <p>called to do a safety assessment. If [Client #1] is gone for more than 3 hours, staff are to report to police that [Client #1] is missing and could be a danger to herself or others ..."</p> <p>Interview on 5/1/18 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Client #1 left on this date to fly to Ohio to visit a friend. She was traveling alone and would be gone several days. -Client #1 had approached her and stated that she wanted to travel to Ohio to visit a friend for her birthday. -The management team, facility staff and her mother met to discuss this request. They looked at all possible risks and concerns. It took about a month to process through this request. -The team felt that Client #1 was capable of making the trip and made many preparations. -Staff worked with Client #1 about how to take a plane, went through different scenarios and what to do in each, arranged transportation and assist at the airports, took her to the airport ahead of time to prepare, made flash cards to use for communication in the airports and had on going contact by phone throughout the entire trip. -The information in the treatment plan about unsupervised time for Client #1 had been there for many years. The information had never been updated. -The information about risky behavior for Client #1 was early in her placement. She was not as responsible at that time. Client #1 had improved a great deal in her behavior and maturity. She had become much more aware of safety. -She really did not request much unsupervised time on a regular basis so they had just kept the information in the treatment plan the same. -The information should have been updated. 	V 290		

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V 290	<p>Continued From page 3</p> <p>Interview on 5/1/18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Client #1 had greatly improved in her level of independence. -In 2 weeks Client #1 was moving into an apartment with a roommate. She would be living independently with supports from their agency. -There was no formal assessment that was done to determine capability for unsupervised time. They would look at the clients understanding of safety, ability to self-administer medications, awareness of dangers/response to danger and how to access help when needed. -The treatment plan had not been updated to reflect her current capability for unsupervised time. 	V 290		