

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL006006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/04/2018
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NAME OF PROVIDER OR SUPPLIER EVERY COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on June 4, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 for the initiation of an individualized supervision plan upon hiring each associate professional.</p>	V 109		

Division of Health Service Regulation 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>(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 interviews, facility staff failed to demonstrate knowledge, skills and abilities required by the population served for 1 of 3 audited staff (Staff #10). The findings are:</p> <p>Review of Staff #10's employee file on 6/4/18 revealed: - Hire Date: 8/1/17 - Documentation of a current supervision plan and supervision notes</p> <p>Review on 6/4/18 of a facility document titled, "Employee Warning Notice" dated 5/1/18 for Staff #10 revealed: -Type of Offenses: "Negligence of Group Home Clients" -4/23/18: Residential Manager (RM) made aware Staff #10 "slept all day Sunday" (4/22/18) -clients began preparing food unsupervised -Staff #10 reported had toothache -4/23/18: Staff #10 reported to be "on [Social Network]" around 3AM on 4/22/18 -4/29/18 (Sunday): Staff #10 contacted RM and reported taking clients to "a terrible movie" which had bad language and nudity -RM had previously instructed Staff #10 not to take clients to an "R rated movie" -4/30/18: clients reported going to a "VERY BAD MOVIE" with bad language and nudity -after the movie a client requested to go get</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>food at a local restaurant near theater -Staff #10 wanted to take her daughter home first in another town -Staff #10 transported daughter in facility van -clients ate at restaurant in the other town and returned home late -clients received medications at 10PM rather than 8:30PM</p> <p>Interview on 6/4/18 with Client #1 revealed: -Once on a weekend, Staff #10 slept in a chair for about one hour; -Client #2 tried to wake the staff but was not successful; -Staff #10 took her daughter home after going to a movie and the clients had gotten their medications at 10PM.</p> <p>Interview on 6/4/18 with Client #6 revealed: -A staff had slept once, but he woke her up.</p> <p>Interview on 6/4/18 with the RM revealed: -She had written Staff #10 a warning recently; -Staff #10 had slept on her shift during the daytime; -The clients had reported to her they had received their medications late another time; -She had instructed Staff #10 to stay at home when she was sick, to never take clients to R rated movies, make sure to administer medications at the correct time, and not use the facility van for personal use.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan	V 111		

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V 111	<p>Continued From page 3</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> (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 vocational, as appropriate to the client's needs. <p>(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 record review and interview, the facility failed to ensure completion of an assessment prior to service delivery which included presenting problem, needs, strengths, admitting diagnosis, pertinent social, family and medical history</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>affecting 2 of 3 audited clients (Client #1 and Client #5). The findings are:</p> <p>Review on 6/4/18 of Client #1's record revealed: -Admission: 10/27/17 -Diagnoses: Mental Retardation (MR) - High Functioning -Admission Assessment: No admission assessment was available</p> <p>Review on 6/4/18 of Client #5's record revealed: -Admission: 5/8/18 -Diagnoses: Mild to Moderate "Disabilities;" Hyperlipidemia; Dysmenorrhea -Admission Assessment: No admission assessment was available</p> <p>Interview on 6/4/18 with the Program Manager (PM) revealed: -She was unaware of a licensure rule which required an admission assessment for the clients; -Client #1 and Client #5 had no admission assessment; -The Qualified Professional (QP) had completed an assessment for Client #1 and Client #5 related to their attendance at the Day Program; -The PM acknowledged understanding an admission assessment was required by licensure rules.</p>	V 111		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number;</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>(C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>facility failed to ensure each client's record contained an identification face sheet, emergency contact information, and a signed statement granting permission to seek emergency care from a hospital or physician for 2 of 3 audited clients (Clients #1 and Client #5). The findings are:</p> <p>Review on 6/4/18 of Client #1's record revealed: -Admission: 10/27/17 -Diagnoses: Mental Retardation (MR) - High Functioning -Face Sheet: no face sheet was in the record -Emergency Information: no record was kept in the facility which contained emergency contacts' or physicians' names, addresses and phone numbers -Emergency Consent: no consent kept in the facility which permitted emergency care from a hospital or physician</p> <p>Review on 6/4/18 of Client #5's record revealed: -Admission: 5/8/18 -Diagnoses: Mild to Moderate "Disabilities;" Hyperlipidemia; Dysmenorrhea -Face Sheet: no face sheet was in the record -Emergency Information: no record was kept in the facility which contained emergency contacts' or physicians' names, addresses and phone numbers -Emergency Consent: no consent kept in the facility which permitted emergency care from a hospital or physician</p> <p>Interview on 6/4/18 with the Program Manager (PM) revealed: -She was unaware of a licensure rule which required an identification face sheet, emergency contact information and a signed statement granting permission to seek emergency care for each client;</p>	V 113		

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V 113	Continued From page 7 -Client #1 and Client #5 had no face sheet, emergency contact information and a signed statement granting permission to seek emergency care for each client; -The PM acknowledged understanding a face sheet, emergency contact information and a signed statement granting permission to seek emergency care was required by licensure rules.	V 113		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct an HCPR (Health Care Personnel Registry) check prior to the date of hire for 1 of 3 audited staff (Staff #10). The findings are: Review of Staff #10's employee file on 6/4/18 revealed: - Hire Date: 8/1/17 - HCPR Check: 8/7/17 Interview on 6/4/18 with the Program Manager (PM) revealed:	V 131		

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V 131	Continued From page 8 -The Program Director acknowledged the HCPR check for Staff #1 had not been conducted prior to the hire date. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all	V 132		

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V 132	<p>Continued From page 9</p> <p>investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure all allegations of neglect were reported to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of an allegation for 1 of 3 audited staff (Staff #10). The findings are:</p> <p>Review of Staff #10's personnel file on 6/4/18 revealed: -Hire Date: 8/1/17 -Current Training: client rights, alternatives to restrictive interventions using an approved curriculum and treatment/behavioral plans</p> <p>Review on 6/4/18 of a facility document titled, "Employee Warning Notice" dated 5/1/18 for Staff #10 revealed: -Type of Offenses: "Negligence of Group Home Clients" -4/23/18: Residential Manager (RM) made aware Staff #10 "slept all day Sunday" (4/22/18) -clients began preparing food unsupervised -Staff #10 reported had toothache -4/23/18: Staff #10 reported to be "on [Social Network]" around 3AM on 4/22/18</p>	V 132		

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V 132	<p>Continued From page 10</p> <p>-4/29/18 (Sunday): Staff #10 contacted RM and reported taking clients to "a terrible movie" which had bad language and nudity -RM had previously instructed Staff #10 not to take clients to an "R rated movie" -4/30/18: clients reported going to a "VERY BAD MOVIE" with bad language and nudity -after the movie a client requested to go get food at a local restaurant near theater -Staff #10 wanted to take her daughter home first in another town -Staff #10 transported daughter in facility van -clients ate at restaurant in the other town and returned home late -clients received medications at 10PM rather than 8:30PM</p> <p>Interview on 6/4/18 with Client #1 revealed: -Once on a weekend, Staff #10 slept in a chair for about one hour; -Client #2 tried to wake the staff but was not successful; -Staff #10 took her daughter home and the clients had gotten their medications at 10PM (late).</p> <p>Interview on 6/4/18 with Client #6 revealed: -A staff had slept once, but he woke her up.</p> <p>Interview on 6/4/18 with the RM revealed: -She had written Staff #10 an employee warning recently; -Staff #10 had slept on her shift during the daytime; -The clients had reported to her they had received their medications late another time; -She had instructed Staff #10 to stay at home when she was sick, to never take clients to R rated movies, make sure to administer medications at the correct time, and not use the facility van for personal use;</p>	V 132		

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V 132	Continued From page 11 -The RM was not aware she had to report Staff #10 to the HCPR within 24 hours after she had received the aforementioned allegations from the clients; -She was unaware she was supposed to conduct an internal investigation of the reports.	V 132		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	<p>Continued From page 12</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		
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V 367	<p>Continued From page 13</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report a Level II IRIS (Incident Response Improvement System) incident to the Managed Care Organization (MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review of Staff #10's personnel file on 6/4/18 revealed: -Hire Date: 8/1/17</p> <p>Review on 6/4/18 of a facility document titled, "Employee Warning Notice" dated 5/1/18 for Staff #10 revealed: -Type of Offenses: "Negligence of Group Home Clients" -4/23/18: Residential Manager (RM) made aware Staff #10 "slept all day Sunday" (4/22/18) -clients began preparing food unsupervised -Staff #10 reported having toothache -4/23/18: Staff #10 reported to be "on [social network]" around 3AM on 4/22/18 -4/29/18 (Sunday): Staff #10 contacted RM and reported taking clients to "a terrible movie" which had bad language and nudity</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL006006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/04/2018
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NAME OF PROVIDER OR SUPPLIER AVERY COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657
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V 367	<p>Continued From page 14</p> <ul style="list-style-type: none"> -RM had previously instructed Staff #10 not to take clients to an "R rated movie" -4/30/18: clients reported going to a "VERY BAD MOVIE" with bad language and nudity -after the movie a client requested to go get food at a local restaurant near theater -Staff #10 wanted to take her daughter home first in another town -Staff #10 transported daughter in facility van -clients ate at restaurant in the other town and returned home late -clients received medications at 10PM rather than 8:30PM <p>Interview on 6/4/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Once on a weekend, Staff #10 slept in a chair for about one hour; -Client #2 tried to wake the staff but was not successful; -Staff #10 took her daughter home after going to a movie and the clients had gotten their medications at 10PM (late). <p>Interview on 6/4/18 with Client #6 revealed:</p> <ul style="list-style-type: none"> -A staff had slept once, but he woke her up. <p>Interview on 6/4/18 with the RM revealed:</p> <ul style="list-style-type: none"> -She had written Staff #10 a warning recently; -Staff #10 had slept on her shift during the daytime; -The clients had reported to the RM they had received their medications late another time; -She had instructed Staff #10 to stay at home when she was sick, to never take clients to R rated movies, make sure to administer medications at the correct time, and not use the facility van for personal use; -The RM was unaware the incidents which involved the clients and Staff #10 were Level II incidents and required an IRIS report, as well as, 	V 367		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER AVERY COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657
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V 367	Continued From page 15 a report to the MCO within 24 hours.	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a clean, attractive, orderly manner and kept free from offensive odors. The findings are:</p> <p>Observations on 5/31/18 from 1:15PM thru 3:30PM revealed the following:</p> <ul style="list-style-type: none"> -The bathroom off of the living room had a black substance around the base of the shower and on the tile; -The grouted areas above the base of the shower between the tiles also had a black substance; -The handicapped bathroom off of the dining room had a black substance at the base and on the wall above the tile; -All six of the clients had a window in their room; -All six of the windows had a black substance at the base of the window and on the window seal; -All of the blinds have a black substance all over the lower half of the blind on the backside; -The foyer into the house had wet carpet on the floor in a 6 foot by 4 foot spot due to a gutter which overflowed in front of the door; -The gutter appeared loose; -There was a foul odor when entering the foyer; 	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 16</p> <ul style="list-style-type: none"> -The wall in the foyer and to the left of the foyer door on the inside had a blackish substance; -The concrete sidewalk leading into the foyer door was cracked and uneven; -The concrete sidewalk was the area where clients exited the van and walked into the house; -Two grab bars on the sidewalk area where the clients exited and loaded the van were loose and unstable. <p>Interview on 6/4/18 with the Residential Manager (RM) revealed:</p> <ul style="list-style-type: none"> -The showers in the facility had been cleaned, but the black substance had remained on the tile; -The blinds in each client's room were almost new and were costly; -The wet carpet in the foyer had occurred because of the loose guttering; -Every time there was rain the carpet in the foyer was wet; -In the winter time, the rain would freeze as it flowed from the gutter and became long icicles; -At times when it rained or snowed, the clients had to cross the uneven sidewalk and enter or exit the facility from the staff's office door on the side of the house; -The carpet in the foyer had been there for two years and prior to that there was indoor/outdoor carpet which also became drenched during rain; -The gutter had leaked for at least five years; -She had reported the facility's physical problems to the homeowner on several occasions. 	V 736		