

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/05/2018
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NAME OF PROVIDER OR SUPPLIER CARE #6	STREET ADDRESS, CITY, STATE, ZIP CODE 145 RIVER CREST COURT CLEMMONS, NC 27012
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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	<p>INITIAL COMMENTS</p> <p>A Complaint and Follow-Up Survey was completed on June 5, 2018. The complaint was substantiated (intake #NC00137421). A Deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	<p>Continued From page 1</p> <p>recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to implement their policy for client</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>discharges. The findings are:</p> <p>Review on 6-4-18 of Former Client #4 ' s (FC4) facility record revealed she:</p> <ul style="list-style-type: none"> - was admitted 11-28-16 - had no discharge summary - had no recorded discharge date - was 19 years old - was diagnosed with: <ul style="list-style-type: none"> - Reactive-Attachment Disorder - Conduct Disorder - Psychotic Disorder -Not Otherwise Specified - Disruptive Mood Disorder - Intellectual Disability Disorder, Mild - Possible Fetal Alcohol Syndrome <p>Review on 6-5-18 of the facility ' s Policies and Procedures revealed:</p> <ul style="list-style-type: none"> - "clients would be given a 2-week notice ..." - "clients may be discharged ... (if) agency does not have adequate resources to furnish the level of services needed by client" - no stipulations to contact client ' s treatment team <p>Review of correspondence on 6-5-18 between the Director/Qualified Professional (D/QP) and FC4 ' s mother and legal guardian (M/LG), revealed M/LG was in favor of finding a new, more secure residential placement for FC4.</p> <p>Interview on 6-5-18 with the D/QP revealed:</p> <ul style="list-style-type: none"> - FC4 went to a planned respite program on 3-3-18 - while there, exhibited dangerous behaviors - respite program had her involuntarily committed to a psychiatric hospital - when she was ready to be discharged, 	V 105		

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V 105	Continued From page 3 neither the respite program nor the facility would admit her back <ul style="list-style-type: none"> - she was officially discharged 5-1-18 after being admitted to another facility - had to invoke an emergency discharge due to dangerousness for the other clients in her care at the facility - "We did follow our (emergency discharge) policy, except we didn ' t notify interested parties in writing, and I didn ' t let our QP (Qualified Professional) know all she was supposed to do." 	V 105		