

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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>An annual and complaint survey was completed on 1/24/18. The complaint (#NC00134531) was unsubstantiated. The complaint (#NC00134521) was substantiated. 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> <p>This Statement of Deficiencies was amended on June 20, 2018 as a result of a settlement agreement. The Type A1 violation in 10A NCAC 27G .5601 Scope (V289) is amended to a Type B. The \$1,000.00 administrative penalty is rescinded.</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. 	V 109		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 109	<p>Continued From page 1</p> <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> <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 reviews and interviews, The Qualified Professional (QP #1) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 1/3/18 of Former Client (FC) #1's record revealed:</p> <ul style="list-style-type: none"> - 50 yrs old - Admission date of 11/8/06; Discharge date of 12/2/17 - Diagnoses of Autism, Moderate Intellectual Disability, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, and Bilateral Deafness - Nonverbal; Primarily uses signed English and some American Sign Language <p>Review on 1/16/18 of the On-Call Qualified Professional (QP #1)'s record revealed:</p> <ul style="list-style-type: none"> - Hire date of 7/16/12 	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 109	<p>Continued From page 2</p> <p>Review on 1/19/18 of a Disciplinary Action for the on-call QP (QP #1) dated 9/25/17 revealed:</p> <ul style="list-style-type: none"> - Suspension without pay for "failure to perform duties in an effective manner" - "Failed to instruct DCS (direct care support) effectively/ lack of mature judgement (2 occasions 9/21/17 & 9/22/17)...failed to notify supervisor of event in timely manner to seek guidance." - Employee Statement: "[FC #1] decision was made based on manager's knowledge of individual and previous experiences." - Company Statement: "Upon completion of the investigation, [licensee] has determined that [QP] did display a lack of mature judgement." - [QP] will be retrained by supervisor (active calls, notify supervisor, seeking advice) and will be placed on 3 months probation. Failure to comply will lead to additional actions. <p>Review on 1/4/18 of Level II Incident Report revealed:</p> <ul style="list-style-type: none"> - On the evening of 9/22/17, FC #1 fell in her room and on the morning of 9/23/17 was taken to the hospital for evaluation. X-ray revealed that FC #1 had broken her left hip and was admitted to the hospital with medical plan for surgery. FC #1 underwent orthopedic surgery for her hip on 9/25/17. <p>Review on 1/4/18 of the Hospital Discharge Summary dated 9/28/17 revealed:</p> <ul style="list-style-type: none"> - "Patient is a 49yo patient that lives in a group home. She is deaf with cognitive dysfunction and was found by a caregiver the night of 9/23/17 (correct date 9/22/17) on the ground, unable to bear weight on left leg. She was brought to the ER on 9/24 (correct date 9/23/17), and Xrays showed a left hip displaced femoral neck fracture. 	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 109	<p>Continued From page 3</p> <p>She underwent left hip hemiarthroplasty with [orthopedic surgeon] on 9/24 (correct date 9/25/17)."</p> <p>Review on 1/16/18 of Personnel Policies regarding on call revealed: - Licensee provides supports to its individuals 24 hours per day. In situations where there are issues or concerns, there is a designated call system to provide needed supports to individuals and support staff in which for clinical matters, the QP should call the Chief Quality Officer.</p> <p>Review on 1/19/18 of the On-Call QP's (QP #1) written statement dated 9/24/17 revealed: - "QP received a call from Residential Manager at 8:29pm regarding [FC #1] falling over her rocking chair and bird cage. [Residential Manager] reported staff checked [FC #1] for bruising or swelling and reported there were no bruising or swelling. [Residential Manager] reported staff assisted [FC #1] up and administered Tylenol for pain. [Residential Manager] reported [FC #1] appeared to be sore from the fall but there was no bruising or swelling. QP advised [Residential Manager] to have staff monitor [FC #1] through the night and [QP #1] and Residential Manager would touch base in the morning. Residential Manager contacted [QP #1] at approximately 9:30am stating [FC #1] was still having difficulties walking on her foot. [QP #1] advised [Residential Manager] to transport her to the Emergency Room for an x-ray. [QP #1] contacted [Chief Services Officer] at 9:35am to notify her [FC #1] was being transported to Emergency Room."</p> <p>Interview on 1/17/18 and 1/18/18 with QP #1 revealed: - She had been working for the company since</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 109	<p>Continued From page 4</p> <p>2012 and was a Clinical Coordinator/QP for other residential sites, but rotated on-call for all the homes on nights and weekends</p> <ul style="list-style-type: none"> - On 9/22/17, she was on-call and received a call from The Residential Manager notifying her that FC #1 had fallen. The Residential Manager reported that FC #1 had pain, but didn't have any swelling, cuts or bruises and appeared to be doing ok. - She followed basic protocol and advised to monitor FC #1 through the night and see how she was doing in the morning - Protocol for on-call was for staff to call the Residential Manager and then the Residential Manager to call the on-call Clinical Coordinator/QP, and based on the incident, the Clinical Coordinator would call their supervisor, The Chief Services Officer to see if anything further needed to be done. - She did not call her supervisor the night of FC #1's fall to notify of incident and seek guidance. "I knew I should contact her (supervisor) when there was an unusual incident, but at the time it was not something I thought I needed to contact her for. - She was suspended without pay by the company for a week and was placed on a 3 month probation for not contacting her supervisor to get guidance the night of FC #1's fall <p>Interview on 1/18/18 with the Chief Services Officer revealed:</p> <ul style="list-style-type: none"> - She did not learn of the incident until the next day (9/23/17). - The On-Call QP was suspended without pay and placed on probation because she did not call her. "[QP #1] should've called me for guidance because of the situation and because she' not the QP for that home and not familiar with FC #1." 	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 109	Continued From page 5 Refer to V110 for full report/additional info. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days. Refer to V 110 for information This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 6</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) 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>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 paraprofessional staff (The Residential Manager) failed to demonstrate knowledge, skills and abilities required by the population served. The</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 7</p> <p>findings are:</p> <p>Review on 1/3/18 of Former Client (FC) #1's record revealed:</p> <ul style="list-style-type: none"> - 50 yrs old - Admission date of 11/8/06; Discharge date of 12/2/17 - Diagnoses of Autism, Moderate Intellectual Disability, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, and Bilateral Deafness - Nonverbal; Primarily uses signed English and some American Sign Language <p>Review on 1/4/18 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 9/29/97 - Direct Support Trainer <p>Review on 1/4/18 of The Residential Manager's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 7/29/98 <p>Further review on 1/22/18 of The Residential Manager's record revealed:</p> <ul style="list-style-type: none"> - Disciplinary Action (written warning) dated 10/2/17 for failure to perform duties and lack of judgment on 9/22/18 <p>Review on 1/16/18 of the On-Call Qualified Professional (QP #1)'s record revealed:</p> <ul style="list-style-type: none"> - Hire date of 7/16/12 <p>Review on 1/19/18 of a Disciplinary Action for the on-call QP (QP #1) dated 9/25/17 revealed:</p> <ul style="list-style-type: none"> - Suspension without pay for "failure to perform duties in an effective manner" - "Failed to instruct DCS (direct care support) effectively/ lack of mature judgement (2 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 8</p> <p>occasions 9/21/17 & 9/22/17)...failed to notify supervisor of event in timely manner to seek guidance." - Employee Statement: "[FC #1] decision was made based on manager's knowledge of individual and previous experiences." - Company Statement: "Upon completion of the investigation, [licensee] has determined that [QP] did display a lack of mature judgement." - [QP] will be retrained by supervisor (active calls, notify supervisor, seeking advice) and will be placed on 3 months probation. Failure to comply will lead to additional actions.</p> <p>Review on 1/4/18 of Level II Incident Report revealed: - On the evening of 9/22/17, FC #1 fell in her room and on the morning of 9/23/17 was taken to the hospital for evaluation. X-ray revealed that FC #1 had broken her left hip and was admitted to the hospital with medical plan for surgery. FC #1 underwent orthopedic surgery for her hip on 9/25/17.</p> <p>Review on 1/4/18 of the Hospital Discharge Summary dated 9/28/17 revealed: - "Patient is a 49yo patient that lives in a group home. She is deaf with cognitive dysfunction and was found by a caregiver the night of 9/23/17 (correct date 9/22/17) on the ground, unable to bear weight on left leg. She was brought to the ER on 9/24 (correct date 9/23/17), and Xrays showed a left hip displaced femoral neck fracture. She underwent left hip hemiarthroplasty with [orthopedic surgeon] on 9/24 (correct date 9/25/17)."</p> <p>Review on 1/4/18 of QP #2's clinical contact note dated 10/4/17 revealed:</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 9</p> <p>- "QP noted error in discharge summary preliminary report from [hospital]. The date of incident, date of hospital admission and date of surgery for [FC #1's] hip displacement was founded to be incorrect."</p> <p>- "...the incident occurred on the night of September 22nd 2017."</p> <p>- "[FC #1] was brought to the ER on September 23rd 2017 by residential manager."</p> <p>- "...she underwent surgery on September 25th, by [Doctor]."</p> <p>Review on 1/4/18 of QP #2's clinical contact note dated 9/26/17 revealed:</p> <p>- "On Friday September 22nd at approximately 8:15pm, [FC #1] sustained a hip injury from a fall which occurred within her bedroom. No witnesses observed this event however, per report staff immediately responded once they heard a loud sound coming from her bedroom. After a body check was completed by staff and determined there were no bruising, swelling, or broken skin was observed. [FC #1] was unable to bear weight on her leg. She was administered Tylenol for possible pain and assisted back into her bed for rest. The residential manager was contacted as well as on call QP. On Saturday September 23rd at approximately 9:45am, staff contacted residential manager to update on [FC #1's] current state. [FC #1] was hardly able to walk without staff assistance. Residential manager transported [FC #1] at that time to [hospital]. The x-ray results showed a left hip displaced femoral neck fracture. She went surgery on 9/25/17 ..."</p> <p>Review on 1/16/18 of Personnel Policies regarding on call revealed:</p> <p>- Licensee provides supports to its individuals 24 hours per day. In situations where there are</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 10</p> <p>issues or concerns, there is a designated call system to provide needed supports to individuals and support staff in which for clinical matters, the QP should call the Chief Quality Officer.</p> <p>Review on 1/19/18 of Staff #1's written statement dated 9/26/17 revealed:</p> <ul style="list-style-type: none"> - On Friday 9/22/17 around 8pm while staff #1 was administering medications to another client, she heard a loud noise that came from the other side of the house. She went to go check and went into FC #1's room and found her laying on her left side toward her rocking chair. FC #1 turned and looked at Staff #1 and she signed to FC #1 to get up and asked if she was ok. FC #1 would not turn over and would not sign to Staff #1. Staff #1 approached FC #1 and did a body check to see if she could see swelling, bruising, bleeding or anything that would indicate something was wrong. Staff #1 did not see anything so she signed to FC #1 to get up, "at which time she did not/ would notso I signed to her the hurt sign. She didn't respond." Staff #1 then had FC #1 put her arms around her neck so that she could lift her up and put her in her rocking chair. Staff #1 did a body check again and touched at her left leg and foot. "She (FC #1) kept signing "belly", "baby", "hurt", pointing to her private area and stomach." - "I then called [Residential Manager] to let her know what had happened ...[Residential Manager] instructed me to give pain meds- Tylenol and apply ice to her foot/ankle. [FC #1] then signed to me bathroom so I helped her to the bathroom. She leaned on me as I walked her to the bathroom. While in the bathroom I changed her out of her day clothes and put her night clothes on her. She seemed to be in pain when she had to lift her left leg. I again got her back to her bed, administered pain meds- Tylenol 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 11</p> <p>and applied ice. [FC #1] was crying and seemed to be in some pain. I sat with her for a few minutes. She went to sleep and slept through the night. Around 6:30/45 (am) I heard another thump. I was in the kitchen. So I went out to the dining room- nothing, so then to the hall, [FC #1] was sitting on the floor trying to get to the bathroom. I washed her up and put clean clothes on her ...I put her back in bed. Around 7:15/20 (a.m), I went to check on her to see if she wanted coffee ...and sent [Residential Manager] a message saying [FC #1] was still hurt and she won't walk, she won't put pressure on her leg, and it hurts her to lift it. She told me she would be there shortly." - "My first instinct was to take her to the E.R."</p> <p>Review on 1/22/18 of the Residential Manager's written statement dated 9/25/17 revealed: - At 8:13pm Friday 9/22/17 she received a telephone call from Staff #1 notifying her that FC #1 had fallen in her bedroom. - "[Staff #1] noticed [FC #1] didn't want to put pressure as she tried to walk. She checked [FC #1] out for any bruises or swelling of her foot, ankle and knee areas as well as any bruising on arms and legs. No bruising or swelling noted. I told [Staff #1] to administer Tylenol for pain and if [FC #1] would tolerate ice to ankle/knee to aid for possible soreness and pain/bruising." - Residential Manager called the on-call QP (QP #1) at 8:29pm. "I relayed to [QP #1] the events told to me by staff. I relayed to her my instructions to staff and that I would follow up with staff in the a.m." - "[Staff #1] texted me at 7:35am and said [FC #1] was up still not putting pressure on leg. I received text at 8:02 when I woke up and asked was it any swelling. [Staff #1] stated no</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 12</p> <p>swelling..."</p> <ul style="list-style-type: none"> - "I arrived at Martin around 9:25am assisted [Staff #1] getting [FC #1] prepared to go to hospital. I informed on-call Q at 9:31am that I was enroute to the ER and would keep her updated." <p>Review on 1/19/18 of the On-Call QP's (QP #1) written statement dated 9/24/17 revealed:</p> <ul style="list-style-type: none"> - "QP received a call from Residential Manager at 8:29pm regarding [FC #1] falling over her rocking chair and bird cage. [Residential Manager] reported staff checked [FC #1] for bruising or swelling and reported there were no bruising or swelling. [Residential Manager] reported staff assisted [FC #1] up and administered Tylenol for pain. [Residential Manager] reported [FC #1] appeared to be sore from the fall but there was no bruising or swelling. QP advised [Residential Manager] to have staff monitor [FC #1] through the night and [QP #1] and Residential Manager would touch base in the morning. Residential Manager contacted [QP #1] at approximately 9:30am stating [FC #1] was still having difficulties walking on her foot. [QP #1] advised [Residential Manager] to transport her to the Emergency Room for an x-ray. [QP #1] contacted [Chief Services Officer] at 9:35am to notify her [FC #1] was being transported to Emergency Room." <p>Interview on 1/4/18 with FC #1's legal guardian revealed:</p> <ul style="list-style-type: none"> - In September, FC #1 fell on a Friday night and broke her hip. She suffered all night and wasn't taken to the hospital until the next day. - The family wasn't notified of the fall until the next day - They were told by Chief Services Officer that FC #1 was checked and there was no swelling or 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 13</p> <p>bruises.</p> <ul style="list-style-type: none"> - "Mom (who was the guardian at the time) was not notified of the fall that night. We would've told them to take her to the hospital." <p>Interview on 1/3/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - "[FC #1] was deaf and nonverbal, but we do believe she could hear. She could repeat words." - FC #1 communicated with staff by doing "some sign"; she was able to write some words, use pictures; and respond yes and no. After working with FC #1 for so long, staff learned her. - After FC #1 fell in her room and Staff #1 went to check on her, she would not respond to staff #1 asking her what happened and if she was ok? "She just layed there." - When Staff helped FC #1 up, FC #1 would not put pressure on her leg. FC #1 was crying. Staff #1 checked FC #1 and didn't see any injuries, but "I knew something wasn't right." Staff #1 asked FC #1 if she was hurt and FC #1 said yes. - Staff #1 could not get FC #1 to tell her where she was hurting., but could tell she was in pain because she was crying and her color in her face wasn't right ...FC #1's face looked "flustered ...clammy." - Staff #1 called the Residential Manager and told her that FC #1 fell. Staff #1 told The Residential Manager that FC #1 was in pain and wouldn't put pressure on her leg when she tried to walk, but that she didn't see any injuries. Staff #1 told The Residential Manager that FC #1 wasn't looking right and that her color wasn't good and that she could tell she was in pain. Staff #1 asked The Residential Manager what she wanted her to do. The Residential Manager called the on-call QP to discuss. The Residential Manager called Staff #1 back and told her they (Residential Manager and QP) decided for Staff to monitor FC #1 through 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 14</p> <p>the night, give Tylenol for pain and apply an ice pack and to call in the morning if anything progressed or still hurting. Staff #1 believed the final decision came from the on-call QP (QP #1).</p> <ul style="list-style-type: none"> - Staff #1 was told to apply ice pack but did not know where to apply the ice pack because she did not know where FC #1 was hurting. Staff #1 assumed that FC #1 may have hurt her ankle because the way she found FC #1 laying on the ground, and so she applied the ice to FC #1's ankle. - Staff was surprised when told to monitor FC #1 through the night instead of going to the hospital, but said that wasn't her call. Staff #1 followed protocol to contact her supervisor, The Residential Manager and/or on-call QP to be advised as to what to do. - The next morning, when Staff #1 checked on FC #1 and saw that she still was in pain and could barely walk, she contacted the Residential Manager to notify her of FC #1's condition. The Residential Manager came to take FC #1 to the hospital, where they found out she had broken her hip. - FC #1 had hip surgery and had to receive physical therapy upon returning back home <p>Interview on 1/17/18 and 1/18/18 with The Residential Manager revealed:</p> <ul style="list-style-type: none"> - She became the House Manager in June 2017 - She received a call from Staff #1 on 9/22/17 telling her that FC #1 fell. Staff #1 reported that she checked FC #1 out and didn't see any blood or visible injury. Staff #1 said she couldn't get a clear answer of what was hurting, but could tell there was discomfort and she couldn't really apply pressure on her leg. "I told her to give her something for pain and monitor her and I'm going to call on-call." 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 15</p> <ul style="list-style-type: none"> - The Residential Manager called the on-call (QP #1) and let her know the details of what took place. "I'm not sure of my exact words, but I'm pretty sure I told [QP #1] everything staff relayed to meI told her that [FC #1] was having discomfort when trying to walk, no swelling, no bruisingwe thought it was her ankle area ...maybe twisted ankle or hit her foot on the bed." - The on-call QP and Residential Manager agreed to advise Staff #1 to monitor FC #1 through the night - Protocol for incidents is for staff to call the Manager, the manager calls the on-call QP and "their supposed to direct us as to what to do." - "Because of communication barrier and fall, we should have probably taken her to be checked. No one anticipated it being so bad (broken hip)." - She was given a written warning by the company for immature judgement. "Maybe I should have went ahead and went there to check her out or made decision to take her to the ED." <p>Interview on 1/17/18 and 1/18/18 with QP #1 revealed:</p> <ul style="list-style-type: none"> - She had been working for the company since 2012 and was a Clinical Coordinator/QP for other residential sites, but rotated on-call for all the homes on nights and weekends - On 9/22/17, she was on-call and received a call from The Residential Manager notifying her that FC #1 had fallen. The Residential Manager reported that FC #1 had pain, but didn't have any swelling, cuts or bruises and appeared to be doing ok. - She followed basic protocol and advised to monitor FC #1 through the night and see how she was doing in the morning - Protocol for on-call was for staff to call the Residential Manager and then the Residential 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	<p>Continued From page 16</p> <p>Manager to call the on-call Clinical Coordinator/QP, and based on the incident, the Clinical Coordinator would call their supervisor, The Chief Services Officer to see if anything further needed to be done.</p> <ul style="list-style-type: none"> - She did not call her supervisor the night of FC #1's fall to notify of incident and seek guidance. "I knew I should contact her (supervisor) when there was an unusual incident, but at the time it was not something I thought I needed to contact her for. - She was suspended without pay by the company for a week and was placed on a 3 month probation for not contacting her supervisor to get guidance the night of FC #1's fall <p>Interview on 1/18/18 with the Chief Services Officer revealed:</p> <ul style="list-style-type: none"> - She did not learn of the incident until the next day (9/23/17). - The On-Call QP was suspended without pay and placed on probation because she did not call her. "[QP #1] should've called me for guidance because of the situation and because she's not the QP for that home and not familiar with [FC #1]." <p>Exit Interview on 1/24/18 with The Chief Services Officer revealed:</p> <ul style="list-style-type: none"> - There will be a training next Friday with staff that will cover on-call procedures, including when to notify - Fall procedures and a Fall Assessment will be developed <p>Exit Interview on 1/24/18 with the CEO revealed:</p> <ul style="list-style-type: none"> - She had talked with the doctor and he said staff 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 110	Continued From page 17 did what they needed to do by applying ice and giving Tylenol. If FC #1 had been taken to the hospital that night, it wasn't emergent so she would have had to wait in the emergency room and wouldn't have had surgery that night anyway. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
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 diagnoses;	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 289	<p>Continued From page 18</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 record reviews and interviews, the facility failed to provide the care and services</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 289	<p>Continued From page 19</p> <p>within the scope of the program, affecting 1 of 1 former clients (FC #1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record reviews and interviews, 1 of 3 paraprofessional staff (The Residential Manager) failed to demonstrate knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on record reviews and interviews, 1 of 3 paraprofessional staff (The Residential Manager) failed to demonstrate knowledge, skills and abilities required by the population served.</p> <p>Review on 1/24/18 of the Plan of Protection dated 1/24/18 written by the Chief Quality Officer revealed:</p> <p>- "At this time, the individual no longer resides at Martin Apartments located at 1519 E. Main St., Albemarle, NC. Medical Procedures- Evaluate the extent of the problem/situation. Stay with the person and provide emergency life saving measures as needed or as physician orders included. Contact 911.</p> <p>At this time, all accidents with individuals at all GHA sites (falls, etc.) contact [Chief Quality Officer] and/or designee, for instructions, support and guidance.</p> <p>All calls will be documented by the Chief Quality Officer and/or designee to include specific date, time, individual, who notified who, occurrence of</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 289	<p>Continued From page 20</p> <p>the individual, support and or guidance that was provided, outcome and other notifications.</p> <p>- Chief Management Team will review all calls in relation to all accidents with individuals at Management Team Meeting or sooner if warranted. The Chief Quality Officer and/or designee will provide a monthly report to the Chief Management Team. At the time of notification of the accident involving an individual the Chief Quality Officer and/or designee will notify Chief Executive Officer and/or designee to inform of the occurrence. The Chief Quality Officer and/or designee will ensure follow-up regarding the occurrence with the individual is provided to the Chief Executive Officer and/or designee. The Chief Executive Officer and/or designee will determine based information provided if any future action is warranted."</p> <p>FC #1 had diagnoses of Autism, Moderate Intellectual Disability, and Bilateral Deafness. FC #1 was nonverbal and according to her treatment plan, used some American Sign Language, as well as her own signs to communicate. FC #1 fell in her room on the evening of 9/22/17. No one witnessed the fall, but Staff found her laying on the ground when she went to check on her after hearing a loud noise. Staff could not get FC #1 to tell her what happened or if she was ok. Staff assisted FC #1 up and did a body check but did not see any visible injuries. FC #1 was crying and eventually responded "yes" when asked if she was hurt, and was not able to bear weight on her leg without pain. Staff notified The Residential Manager, who then notified the On-Call QP for guidance. Staff was advised by</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARTIN APARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001
---	--

(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 289	Continued From page 21 The House Manager that the decision was made for Staff to apply ice (even though it was unknown where FC #1 was hurting), give Tylenol and monitor her through the night. FC #1 was not taken to the hospital for evaluation until 9/23/17 after she was found on the ground again (this time in the hallway) early that morning and was still unable to walk/bear weight without a lot of pain. FC #1 was diagnosed with a left hip fracture on 9/23/17 and on 9/25/17, she underwent orthopedic surgery for repair. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$1,000 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.	V 289		