

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/16/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE SOLUTIONS AT RHUE ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 RHUE ROAD WINSTON SALEM, NC 27105</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A Complaint Survey was completed on May 16, 2018. The complaint was substantiated (intake #NC00137775). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>10A NCAC 27G .5600C: Supervised Living Group Home for Adults with Developmental Disabilities</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>JUN 25 2018</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</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"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall</p>	V 110		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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**HOME CARE SOLUTIONS AT RHUE ROAD**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1234 RHUE ROAD  
WINSTON SALEM, NC 27105**

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V 110	<p>Continued From page 1</p> <p>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 interview, observation and record review, a para-professional staff person failed to demonstrate the knowledge, skills and abilities required for the population being served, affecting one (lead staff) of four staff surveyed. The findings are:</p> <p>Review of staff personnel records revealed the Lead Staff (LS) was: - hired 12-1-16</p> <p>Review on 4-19-18 of client #1 's facility record revealed he: - was admitted 3-4-17, - was 33 years old, - was diagnosed with: - Obsessive-Compulsive Disorder, - Schizophrenia, - Autism Spectrum Disorder, - Gastroesophageal Reflux Disease, - Eczema, - Pervasive Developmental Disorder, - Borderline Cognitive Disorder, - Mixed Receptive Expressive Language Disorder - was assessed on 3-4-17 to exhibit: - Self-Injurious Behaviors - skin picking - nail picking - anxiety</p>	V 110	<p>HCS will correct this deficiency by testing all staffs lead staff on each client in their care. They will have to show that they have the knowledge by reading the clients information.</p> <p>Staff will also be retrained by residential manager &amp; GP - on policies procedures for the company &amp; safety</p>	

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- impulsive behaviors</li> <li>- ordered by a physician on 4-17-18 to use a special shampoo for eczema on his scalp, three times weekly</li> </ul> <p>Observation on 5-15-18 at approximately 2:15 pm revealed:</p> <ul style="list-style-type: none"> <li>- client #1 ' s prescribed shampoo on the counter in the bathroom located in his bedroom</li> <li>- an unlocked footlocker in the laundry room that contained:             <ul style="list-style-type: none"> <li>- bleach,</li> <li>- automotive brake fluid,</li> <li>- abrasive cleanser,</li> <li>- soap pads,</li> <li>- carpet cleaner</li> </ul> </li> </ul> <p>Interview on 5-14-18 with client #1 ' s Care Coordinator (CC1) revealed:</p> <ul style="list-style-type: none"> <li>- a medication for client #1 was written 3-29-18, but not filled until 3-31-18,</li> <li>- she had seen client #1 with a "robust growth of facial hair,"</li> <li>- "observations of several month ' s worth of visits, is that things are very disorganized and there ' s poor follow-through."</li> <li>- client ' s lunches seemed inadequate, but at the facility she had not looked in the refrigerator or cabinets to assess the amount or variety of food for the clients</li> </ul> <p>Interview on 5-16-18 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- in the past client #1 ' s face was not shaved by staff often enough</li> </ul> <p>Interview on 5-2-18 with client #1 ' s mother and legal guardian (M/LG) revealed:</p> <ul style="list-style-type: none"> <li>- client #1 had a prescription dated 3-29-18, filled on 3-31-18,</li> <li>- client #1 told her he did not always get</li> </ul>	V 110	<p>of the client.</p> <p>staff must review all clients in room including BSP, JSP, SIS evaluations &amp; etc.</p> <p>staff must communicate all issues of concern with Team Lead, Residential manager &amp; Ap</p> <p>- All things have been discussed in staff meeting about being organized &amp; taking care of the clients</p>	
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V 110	<p>Continued From page 3</p> <p>enough to eat, - she had been to the facility, but did not look in the cabinets or refrigerator, - she had observed medications prepared for administration prior to the time medications were to be given, and kept outside the locked closet where medications were supposed to be stored, - she had seen client #1 with more than 2 days of beard growth, - "I gave them a list of things I wanted them to do differently." - she had seen client #1 ' s prescribed shampoo in his bathroom on 2 separate occasions</p> <p>Interview on 5-15-18 with the LS revealed she was responsible for: - making sure there was enough food in the facility for the clients, - ensuring client ' s medications were ordered, - ensuring client ' s medications were stored properly - client ' s hygiene routines were followed, - communicate with client ' s legal guardians - making sure staff stored chemicals and cleaners properly.</p> <p>Interview on 5-15-18 with the Qualified Professional (QP) revealed: - the licensing agency was already concerned with a lack of leadership at the facility, - client #1 and client #2 inform the LS what food they want, and it ' s incorporated into the grocery shopping by the LS, - all staff know every prescribed medication, including shampoo has to be locked up, - regarding client #1 ' s shaving hygiene, it ' s supposed to be done at least every other day. The lead staff is supposed to monitor that,</p>	V 110	<p>As of last week (May 31<sup>st</sup> 2018) we are looking for a new team lead. We no longer have the same team lead.</p> <p>- staff have been retrained on medication &amp; the policy for medication</p> <p>- We are keeping an open line of communication between guardians &amp; staff.</p> <p>- the client is being shared every other</p>	
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V 110	Continued From page 4  - LS has not communicated with client #1 ' s M/LG as she is supposed to, - LS was responsible for ensuring chemicals and cleaners were properly stored and locked away from clients reach, - emergency staff meetings have been held recently to address medication storage and other issues, - she was in the process of making personnel changes at the facility to remedy the problems already discussed several times during emergency staff meetings.	V 110	day and it is documented.	
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120	- All staff have been re-trained on medication. they are keeping all meds in the med cabinet & locked. - All medications are separated out by clients & if they are Narcs.	

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V 120	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all medications were stored in a locked secure manner. The findings are:</p> <p>Interview on 5-2-18 with client #1 's mother and legal guardian (M/LG) revealed:</p> <ul style="list-style-type: none"> <li>- she was a nurse,</li> <li>- when she came to pick up client #1 for home visits, his medication had already been removed from the blister packs prior to her arrival,</li> <li>- she had seen medications removed from blister packs and placed in a cup, to be given to a client at some later point in time.</li> </ul> <p>Observation on 5-14-18 at approximately 3:00 pm revealed a dark brown, rectangularly shaped coffee table in the living room in front of the sofa. There were several small drawers near the top edge of the table.</p> <p>Review on 5-16-18 of a photograph taken by M/LG of the coffee table in the living room of the facility revealed:</p> <ul style="list-style-type: none"> <li>- the photo was taken from above the table, looking straight down,</li> <li>- the top edge of the coffee table,</li> <li>- the photo showed a small open drawer,</li> <li>- in the drawer was a cup with 9 pills.</li> </ul> <p>Interview on 5-9-18 with staff #1 revealed he:</p> <ul style="list-style-type: none"> <li>- removed medications from their blister packs prior to administering,</li> <li>- placed medications in a cup,</li> <li>- "...just got used to giving the meds (medications) that way."</li> </ul> <p>Interview on 5-14-18 with staff #2 revealed he:</p>	V 120	<p><i>If any meds are missing with the Nars they must notify @ aseup</i></p> <p><i>Inadvis report must be completed immediately if any Nars are missing</i></p> <p><i>Nars must be counted at the correct times &amp; signed off.</i></p> <p><i>The table was thrown in the trash for the broken leg</i></p>	

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V 120	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- "plucks the meds out of their cards (blister packs) about 30 minutes before time to administer the meds,"</li> <li>- he did this for, "ease of documentation,"</li> <li>- assisted client #1 with washing his hair with the prescribed shampoo</li> <li>- didn't know why client #1's prescribed shampoo was unlocked and left in client #1's bathroom.</li> </ul> <p>Interview on 5-16-18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- "popping pills out ahead of time, that's not our routine,"</li> <li>- "staff know meds, all meds including lotions and shampoos have to be kept locked up,"</li> <li>- these expectations were made clear in emergency staff meetings held to address these same issues,</li> <li>- "for it (the prescribed shampoo) to still be in the shower, I think staff didn't take that seriously, they must not think they can be fired for not doing their jobs properly,"</li> <li>- "of course, the shampoo will be locked up (now), but the staff will either be disciplined or terminated - and that might be the whole house because we've already gone over this once when [M/LG] brought things to our attention."</li> </ul>	V 120	<p>Medication is only given <sup>on</sup> when he tells or after the designated time. All shampoos &amp; medications are kept in the locked cabinet.</p>	
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>	V 736	<p>The holes in the wall a damage to walls are being repaired by the landlord a his contract staff.</p>	

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V 736	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility staff failed to ensure the facility was maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Observations at the facility on 5-14-18 from approximately 1:45 pm to 5:00 pm revealed:</p> <ul style="list-style-type: none"> <li>- on the back deck at the primary entrance to the facility was outdoor furniture: <ul style="list-style-type: none"> <li>- a loveseat that was broken and a danger if used,</li> <li>- a chair that was broken and a danger if used.</li> </ul> </li> <li>- in the kitchen of the facility: <ul style="list-style-type: none"> <li>- window blinds were broken,</li> <li>- a hole in the wall next to the back door.</li> </ul> </li> <li>- in the living room of the facility: <ul style="list-style-type: none"> <li>- large hole in the wall,</li> <li>- a small hole in the wall,</li> <li>- bottom of medication closet door was broken,</li> <li>- coffee table had a broken leg</li> </ul> </li> <li>- in hall bathroom/laundry room was an unlocked box that contained: <ul style="list-style-type: none"> <li>- bleach,</li> <li>- automotive brake fluid,</li> <li>- abrasive cleaner,</li> <li>- soap pads,</li> <li>- carpet cleaner.</li> </ul> </li> <li>- in the hall bathroom the towel bar was excessively loose from the wall.</li> <li>- in client #1 's bedroom: <ul style="list-style-type: none"> <li>- entry door had a small hole in it,</li> <li>- paint peeled from closet door,</li> <li>- window blinds were broken,</li> <li>- spray cleaner in bathroom.</li> </ul> </li> <li>- in client #2 's bedroom: <ul style="list-style-type: none"> <li>- entry door frame was broken,</li> </ul> </li> </ul>	V 736	<p>The blinds are being swapped out by HCS.</p> <p>- The chair on the porch was taken the trash because it was unsafe.</p> <p>- All cleaning supplies are kept in a big supply box with a lock that has to be counted.</p> <p>- The towel bar has been fixed</p> <p>- The landlord will also paint &amp; repaint it.</p>	



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V 736	Continued From page 8  - electric outlet partly hanging out of the wall.  Interview on 5-16-18 with the Qualified Professional (QP) revealed: - the Lead Staff (LS) was responsible for keeping all cleaners locked up and inaccessible to clients, - "I ' m so irritated, cleaning supplies are to be kept in the locked box. Staff are to be locking everything in that box when they take anything out and when they put things back," - "Having cleaners out, that ' s definitely not our policy," - the facility has maintenance people and will get the repairs done as soon as possible.	V 736	<i>The electric outlet will be repaired by the land lord</i>	



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 31, 2018

LaTonya B. Jones, Director  
Home Care Solutions of NC, LLC  
4401 North Cherry Street  
Winston-Salem, NC. 27105

Re: Complaint Survey completed May 16, 2018  
Home Care Solutions @ Rhue Road, 1234 Rhue Rd. Winston-Salem, NC. 27107  
MHL # 034-323  
E-mail Address: hcsresidential@att.net  
(Intake #NC00137775)

**DHSR - Mental Health**

**JUN 25 2018**

**Lic. & Cert. Section**

Dear Ms. Jones:

Thank you for the cooperation and courtesy extended during the Complaint Survey completed May 16, 2018. The complaint was substantiated. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is July 15, 2018.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701  
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.  
***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Scott M. Walton, LCSW, CI/I  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO  
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO  
File