

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERY COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 CEMETARY ROAD NEWLAND, NC 28657</b>
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V 000	<b>INITIAL COMMENTS</b>  An annual and follow up survey was completed on June 4, 2018. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 109	<b>27G .0203 Privileging/Training Professionals</b>  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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. (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.	V 109	<b>DHSR - Mental Health</b>  <b>JUN 27 2018</b>  <b>Lic. &amp; Cert. Section</b>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Natalie Buchanan Residential Manager 6-18-18

STATE FORM

6899

Y5Z711

If continuation sheet 1 of 17

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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	<p>These 3 incidents were turned into Iris on June 1, 2018 and staff #10 was made aware of the fact that they had been sent it and a possibility of investigation could happen. Staff 10 knows if these</p>	<p>6/4/18</p> <p>6/4/18</p>

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V 109	<p>Continued From page 2</p> <p>food at a local restaurant near theater</p> <ul style="list-style-type: none"> <li>-Staff #10 wanted to take her daughter home first in another town</li> <li>-Staff #10 transported daughter in facility van</li> <li>-clients ate at restaurant in the other town and returned home late</li> <li>-clients received medications at 10PM rather than 8:30PM</li> </ul> <p>Interview on 6/4/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Once on a weekend, Staff #10 slept in a chair for about one hour;</li> <li>-Client #2 tried to wake the staff but was not successful;</li> <li>-Staff #10 took her daughter home after going to a movie and the clients had gotten their medications at 10PM.</li> </ul> <p>Interview on 6/4/18 with Client #6 revealed:</p> <ul style="list-style-type: none"> <li>-A staff had slept once, but he woke her up.</li> </ul> <p>Interview on 6/4/18 with the RM revealed:</p> <ul style="list-style-type: none"> <li>-She had written Staff #10 a warning recently;</li> <li>-Staff #10 had slept on her shift during the daytime;</li> <li>-The clients had reported to her they had received their medications late another time;</li> <li>-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.</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 109	<p>Actions Continue to happen She will be fired.</p> <p>Rm, Q and Admin will be more aware of staff 10 work behavior</p>	6/4/18
V 111	<p>27G .0205 (A-B)</p> <p>Assessment/Treatment/Habilitation Plan</p>	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> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(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;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <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	<p>V 111 A 1-5 + B have been Copied from the Day program file on Client 1 + 6 and put into the clients Group Home files - this was done with help of the Q.</p>	6/4/18

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V 111	Continued From page 4  affecting 2 of 3 audited clients (Client #1 and Client #5). The findings are:  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  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  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.	V 111	admission assessments were done on Client 1+5. and put in front of their G Home file	6/4/18 6/6/18
V 113	27G .0206 Client Records  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;	V 113	Identification sheets were done or re-done on all 6 clients and also	6/4/18 6/6/18



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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	<p>Program Manager is very aware of what needs to be done from now</p>	6/18

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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	Avery Association for exceptional citizens requirements for the application of employment	
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	<p>All incident were reported to IRIS</p> <p>RM has talked with staff 10 about work performance and she knows next time is termination</p>	<p>6/4/18</p> <p>6/4/18</p>

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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	<p>All clients were included in a house meeting on July 5-18 and were made very aware that all issues w/ staff are to be brought to RM attention and things will get fixed</p>	6/5/18

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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	Continued From page 12  report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area;	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:  <b>MHL006006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/04/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVERY COUNTY GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 CEMETARY ROAD</b> <b>NEWLAND, NC 28657</b>		
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V 367	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-RM had previously instructed Staff #10 not to take clients to an "R rated movie"</li> <li>-4/30/18: clients reported going to a "VERY BAD MOVIE" with bad language and nudity</li> <li>-after the movie a client requested to go get food at a local restaurant near theater</li> <li>-Staff #10 wanted to take her daughter home first in another town</li> <li>-Staff #10 transported daughter in facility van</li> <li>-clients ate at restaurant in the other town and returned home late</li> <li>-clients received medications at 10PM rather than 8:30PM</li> </ul> <p>Interview on 6/4/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Once on a weekend, Staff #10 slept in a chair for about one hour;</li> <li>-Client #2 tried to wake the staff but was not successful;</li> <li>-Staff #10 took her daughter home after going to a movie and the clients had gotten their medications at 10PM (late).</li> </ul> <p>Interview on 6/4/18 with Client #6 revealed:</p> <ul style="list-style-type: none"> <li>-A staff had slept once, but he woke her up.</li> </ul> <p>Interview on 6/4/18 with the RM revealed:</p> <ul style="list-style-type: none"> <li>-She had written Staff #10 a warning recently;</li> <li>-Staff #10 had slept on her shift during the daytime;</li> <li>-The clients had reported to the RM they had received their medications late another time;</li> <li>-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;</li> <li>-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,</li> </ul>	V 367			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/04/2018</b>
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V 736	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-The wall in the foyer and to the left of the foyer door on the inside had a blackish substance;</li> <li>-The concrete sidewalk leading into the foyer door was cracked and uneven;</li> <li>-The concrete sidewalk was the area where clients exited the van and walked into the house;</li> <li>-Two grab bars on the sidewalk area where the clients exited and loaded the van were loose and unstable.</li> </ul> <p>Interview on 6/4/18 with the Residential Manager (RM) revealed:</p> <ul style="list-style-type: none"> <li>-The showers in the facility had been cleaned, but the black substance had remained on the tile;</li> <li>-The blinds in each client's room were almost new and were costly;</li> <li>-The wet carpet in the foyer had occurred because of the loose guttering;</li> <li>-Every time there was rain the carpet in the foyer was wet;</li> <li>-In the winter time, the rain would freeze as it flowed from the gutter and became long icicles;</li> <li>-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;</li> <li>-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;</li> <li>-The gutter had leaked for at least five years;</li> <li>-She had reported the facility's physical problems to the homeowner on several occasions.</li> </ul>	V 736	<p>To be layed out on concrete and to spray with diluted bleach water to see if it will clean back of blinds - If not will replace with curtains</p> <p>Foyer area is under contracts to start working 6/18</p> <p>Gutters will be replaced and spaced out in the front</p> <p>Concrete holes will be fixed</p> <p>Holes in foyer wall will be fixed</p> <p>New door put in foyer</p> <p>New Carpet in foyer</p> <p>All of these items are being contracted</p> <p>out as of now 6-18-18</p>	6/18