

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A follow up and complaint survey was completed on July 19, 2018. The complaint was substantiated (Intake #NC00140050). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

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: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member was provided training to meet client needs in wound care for 3 of 8 staff (Staff #7, #8, and the Group Home Manager (GHM)) and 1 of 1 Former Staff (FS) #14). The findings are:</p> <p>Review on 6/27/18 of Client #2's record revealed: - Admission: 11/16/04 - Diagnoses: Intellectual Developmental Disability (IDD); Hypertension, Chronic Kidney Failure - Stage IV; High Cholesterol; Gastroesophageal Reflux Disease (GERD); Early Parkinson's Disease; Osteoporosis; Benign Prostatic Hypertrophy (BPH); Constipation; Diverticulosis; Cerebral Vascular Accident (CDA); Brachiocephalic Artery Infarction (BCA); Anemia; Congestive Heart Failure (CHF); Gout with Uric Acid</p> <p>Review on 7/5/18 of a facility document titled, "Health Notes #1" completed by RN (Registered Nurse)#12 for Client #2 revealed: - 5/14/18: "Staff reported small blood blister on tip of toe obtained while on outing ...on call nurse instructed to cover with band aid to protect it;" - 5/19/18: "Staff called to report blister popped ...staff instructed to use antibiotic ointment and dress cover area;" - 5/21/18: "Examined toe still very red & raw continued to cover & use antibiotic ointment."</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 108	<p>Continued From page 2</p> <p>Review on 7/18/18 of Client #2's surgical clinic note written by the surgeon dated 5/24/18 revealed:</p> <ul style="list-style-type: none"> - received call from facility with facility physician's concern and urgent request for the surgeon to evaluate Client #2 - exact duration of left great toe ulceration unknown - facility nurses had been doing Epsom salts soaks and dressings for several days - his toe had become worse and a little more bloody - left great toe mass appears consistent with a pyogenic granuloma (vascular lesion) but malignancy could not be ruled out <p>Review on 7/5/18 of Staff #7's employee file revealed:</p> <ul style="list-style-type: none"> - Hire Date: 11/6/96 <p>Review on 7/5/18 of Staff #8's employee file revealed:</p> <ul style="list-style-type: none"> - Hire Date: 6/1/10 <p>Review on 7/5/18 of GHM's employee file revealed:</p> <ul style="list-style-type: none"> - Hire Date: 11/6/06 <p>Review on 7/5/18 of FS#14's employee file revealed:</p> <ul style="list-style-type: none"> - Hire Date: 2/1/16 <p>Staff wound care training documentation was requested from 6/27/18 through 7/19/18. No training documentation was provided.</p> <p>Interview on 6/27/18 with Staff #7 revealed:</p> <ul style="list-style-type: none"> - Client #2 was now using a wheelchair; - He had a tumor on his toe and half of his toe 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 108	<p>Continued From page 3</p> <p>had been "eaten away;"</p> <ul style="list-style-type: none"> - She had called 911 on 6/16/18 due to Client #2's toe "squirting blood;" - She had kept pressure on Client #2's toe and had used half a roll of paper towels. - Staff #7 had no wound care training; - Staff #7 had "shadowed" Staff #8 for a couple of days when she was hired. <p>Interview on 7/5/18 of Staff #8 revealed:</p> <ul style="list-style-type: none"> - Staff #8 had written on an incident report dated 5/14/18 that Client #2 had a small "blood blister" under his toenail on his left great toe; - She had called RN#12 after 3PM on 5/14/18 who instructed her to watch it (toe); - RN#12 saw it (toe) on Tuesday (5/15/18) and said if the area started to bleed or raise up to call; - At that point, the staff was not to cover the toe; - On 5/16/18, the staff was supposed to transition and another staff came on shift; - Staff #8 wrote a note to the next shift (note was unavailable) that Client #2 had a "blood blister" on his left toe and to notify RN#12 if any changes occurred; - Staff #8 returned to work on 5/23/18 in the afternoon; - She had taken Client #2 to the bathroom and took off his shoe and sock; - The shoe had blood in it and the black sock was wet; - The top of Client #2's foot was saturated with blood; - She called RN#12 who said to soak the client's left toe in "Epsom (salt mineral);" - RN #12 said to then elevate, let his toe air dry, afterwards cover with a nonstick pad and wrap with gauze anchored under his foot; - On Thursday (5/24/18), RN#12 looked at Client #2's toe and said he was going to a surgeon; - On 5/24/18, Client #2 saw the surgeon who 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 108	<p>Continued From page 4</p> <p>continued AM and PM "Epsom" soaks, application of antibiotic cream and by mouth antibiotics.</p> <p>Interview on 7/10/18 with FS#14 revealed:</p> <ul style="list-style-type: none"> - The first week FS#14 worked with Client #2 after the "blood blister showed up" Staff #8 had left a note; - The note had instructed him to keep the toe bandaged and apply clean socks; - FS#14 had not received any wound care training; - His training had been "on the job shadow training;" - The next weekend he worked Client #2 started to "act funny" by being easily agitated, irritable and refusing to eat; - The blister on Client #2's toe had popped and blood was coming out; - He had called RN #12 who responded "Band-Aid on it." <p>Interview on 7/3/18 with the Group Home Manager (GHM) revealed had a blood blister:</p> <ul style="list-style-type: none"> - Staff #8 came on shift and she had mentioned Client #2's toe; - The GHM had not heard anything after that because "nursing was taking care of it (Client #2's toe) and putting on [antibiotic ointment] and soaking it in sea salt;" - Client #2 seemed to like the soaks; - Client #2's toe was hard to take care of. <p>This deficiency is cross referenced into 10A NCAC 27G .5603 Operations (b) Service Coordination (V291) for a Type A1 and must be corrected within 23 days.</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 118	Continued From page 5	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer medications based on</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 118	<p>Continued From page 6</p> <p>the written orders of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 1 of 6 clients (Client #2). The findings are:</p> <p>Review on 6/27/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission: 11/16/04 - Diagnoses: Intellectual Developmental Disability (IDD); Hypertension, Chronic Kidney Failure - Stage IV; High Cholesterol; Gastroesophageal Reflux Disease (GERD); Early Parkinson's Disease; Osteoporosis; Benign Prostatic Hypertrophy (BPH); Constipation; Diverticulosis; Cerebral Vascular Accident (CDA); Brachiocephalic Artery Infarction (BCA); Anemia; Congestive Heart Failure (CHF); Gout with Uric Acid <p>Review on 6/27/18 of Client #2's Physicians Orders and MARs for May, June and July revealed:</p> <ul style="list-style-type: none"> - There was not a physician's order for Epsom Salt soaks to Client #2's left great toe; - The MARs had no documentation of Client #2's left great toe being soaked in Epsom Salts. <p>Interview on 7/5/18 with Staff #8 revealed:</p> <ul style="list-style-type: none"> - She had called RN#12 after 3PM on 5/14/18 who instructed her to watch the blood blister on Client #2's left great toe; - RN#12 saw it (toe) on Tuesday (5/15/18) and said if the area started "to bleed or raise up" to call; - At that point, the staff was not to cover the toe; - Staff #8 returned to work on 5/23/18 in the afternoon; - She had taken Client #2 to the bathroom and took off his shoe and sock; - The shoe had blood in it and the black sock was wet; 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> - The top of Client #2's foot was saturated with blood; - She called RN#12 who said to soak the client's left toe in "Epsom (salt mineral);" - RN #12 said to then elevate, let his toe air dry, afterwards cover with a nonstick pad and wrap with gauze anchored under his foot. <p>Interview on 7/10/18 with FS#14 revealed:</p> <ul style="list-style-type: none"> - The first week FS#14 worked with Client #2 after the "blood blister showed up" - Staff #8 had left a note to keep the toe bandaged and apply clean socks; - 5/19/18: While Client #2 showered, FS#14 noticed the blood blister on the client's left big toe had burst and was bleeding; - He had called RN #12 who responded "Band-Aid on it;" - He had not used soaks (Epsom salt and water); - Staff #8 had become angry with him because he had not soaked Client #2's foot. <p>Interview on 7/3/18 with the Group Home Manager (GHM) revealed:</p> <ul style="list-style-type: none"> - Staff #8 had mentioned Client #2's toe to her; - The GHM had not heard anything after that because "nursing was taking care of it (Client #2's toe) and putting on [antibiotic ointment] and soaking it in sea salt;" - Client #2's toe was hard to take care of. <p>Interview on 7/5/18 with RN (Registered Nurse) #12 revealed:</p> <ul style="list-style-type: none"> - Staff #8 said Client #2 had a small blood blister on his toe when he returned from an outing; - RN#12 looked at the blood blister on 5/15/18 and asked staff to put a pad and Band-Aid on it; - FS#14 called around 5/20/18 and said the blister "had busted open;" - RN#12 was unsure who and when the soaks 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 118	<p>Continued From page 8</p> <p>(Epsom Salt) were ordered for Client #2's toe; - The order was a "verbal order."</p> <p>Interview on 7/19/18 with the RN Supervisor revealed:</p> <ul style="list-style-type: none"> - The protocol for wound assessment included the nurse looking at the wound the same day or early the next day; - If a wound was more involved, the physician could use telemed or if due at the facility office in a few days, they would wait; - Wounds were not described unless they had been assessed by the RN; - The RN Supervisor was unaware Client #2 had been receiving Epsom Salt soaks on his toe; - The staff may have been doing the soaks to try and draw fluid out; - There was no written physician's order for soaking Client #2's foot in Epsom Salt. <p>Interview on 7/19/18 with the facility QP revealed:</p> <ul style="list-style-type: none"> - The process for addressing a client's wound when observed was to report the same day to the GHM and nursing gave the immediate solution; - After the nurse looked at the wound, she completed the section of the incident report of the wound description and treatment provided; - Client #2 had not complained of toe pain; - She had known staff was soaking Client #2's toe in Epsom Salt; - The QP had not seen an order for the client to have his toe soaked in salt water. <p>This deficiency is cross referenced into 10A NCAC 27G .5603 Operations (b) Service Coordination (V291) for a Type A1 and must be corrected within 23 days.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	Continued From page 9	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure coordination was maintained between the facility and the qualified professionals responsible for</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 10</p> <p>treatment/habilitation or case management affecting 1 of 6 clients (Client #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 (g) Personnel Requirements (V108). Based on record review and interviews, the facility failed to ensure each staff member was provided training to meet client needs in wound care for 3 of 8 staff (Staff #7, #8 and the Group Home Manager (GHM) and 1 of 1 Former Staff (FS) #14).</p> <p>Cross Reference: 10A NCAC 27G .0209 (c) Medication Requirements (V118). Based on record review and interviews, the facility failed to administer medications based on the written orders of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 1 of 6 clients (Client #2).</p> <p>Review on 6/27/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission: 11/16/04 - Diagnoses: Intellectual Developmental Disability (IDD); Hypertension, Chronic Kidney Failure - Stage IV; High Cholesterol; Gastroesophageal Reflux Disease (GERD); Early Parkinson's Disease; Osteoporosis; Benign Prostatic Hypertrophy (BPH); Constipation; Diverticulosis; Cerebral Vascular Accident (CDA); Brachiocephalic Artery Infarction (BCA); Anemia; Congestive Heart Failure (CHF); Gout with Uric Acid <p>Review on 6/27/18 of an incident report regarding Client #2 dated 5/14/18 revealed:</p> <ul style="list-style-type: none"> - He had returned from a group outing to an animal ranch on 5/14/18; - Staff #8 removed Client #2's shoes after he returned from the outing; 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Client #2 reported he "stubbed" his toe on a rock; - Staff #8 documented the area on Client #2's left toe as a "blood blister;" - The incident was documented as related to the result of the physical environment at the ranch; - The environmental factor had been documented as Client #2 walking with his walker over the "dirt/gravel;" - Staff #8 reported notification of the facility's Registered Nurse (RN#12) at 6:00PM on 5/14/18; - The Qualified Professional (QP) had been notified on 5/15/18 at 4:30PM; - A description of injury and treatment given was documented as " ...a blood blister on great toe of L (left) foot dressed with Band-Aid for cushion ..." signed by RN on 5/14/18. <p>Review on 7/5/18 of "Notes provided by [RN#12]" for Client #2 revealed:</p> <ul style="list-style-type: none"> - "On 5/14/18 nursing was called about a small blood blister on the end of L great toe ...was covered to protect area;" - "5/24/18 nursing called (by Staff #8) to state blister popped & it looks bad [facility Doctor] looked at it via telemedicine ...order Ciprofloxin (antibiotic) 750mg BID (twice daily) X 10 days & Flagyl (antibiotic) BID X 10 days ...needs a surgical consult stat (instantly or immediately) ...seen by on call surgeon. Consent not signed so nothing was done at that time;" - "6/4/18 was seen by surgical office punch biopsy done on necrotic mass of L great toe ...will call with results & next appointment; - "6/14/18 [facility Nurse Practitioner (NP)] examined [Client #2's] toe and sent him to hospital for IV antibiotics ..." <p>Review on 7/5/18 of 2 facility documents titled, "Health Notes #1" and completed by RN #12</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 12</p> <p>revealed:</p> <ul style="list-style-type: none"> - 5/14/18: "Staff reported small blood blister on tip of toe obtained while on outing ...on call nurse instructed to cover with band aid to protect it;" - 5/19/18: "Staff called to report blister popped ...staff instructed to use antibiotic ointment and dress cover area;" - 5/21/18: "Examined toe still very red & raw continued to cover & use antibiotic ointment;" - 5/24/18: "Staff reported toe looked real bad. Examined toe and [Facility Doctor] called ... (MD) saw toe via teleded ...toe had lesion end of toe ...order given for (antibiotics) and (prescription ointment) to area and cover daily ...ASAP (as soon as possible) ... [Client #2] seen by surgeon ...no consent by guardian for biopsy so no tx (treatment) done ...;" - 5/30/18: "consent finally received for [nearby surgical office] to do biopsy on mass of left great toe ...Appt (appointment) for 6/4/18 ..." - 5/31/18: "F/U (follow up) in clinic for foot care and to exam the mass on L great toe;" - 6/4/18: "[Client #2] seen in clinic by NP and sent to ER for IV Antibiotics ...(ER) findings reflect osteomyelitis (bone infection) of the distal phalanx (toe) ...Given IV antibiotics ..." - 6/4/18: "...seen by surgical group for punch biopsy ..." - 6/8/18: "Called office (surgical)" no biopsy results available; - 6/11/18: "Called surgical office" no biopsy results available; - 6/15/18: Biopsy sent to clinic [large metropolitan hospital in another state] for a second opinion; - 6/18/18: Second specimen needed and sent to the clinic for biopsy ..."seen in ER this AM for uncontrolled bleeding ...had one episode on 6/16/18 but staff able to control it and this AM would not stop went to ER via EMS (emergency management services). 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 13</p> <p>Review on 6/27/18 of Client #2's Progress Notes revealed: - He had been agitated and complained of his toe hurting from 5/19/18 through 6/17/18.</p> <p>Review on 7/5/18 of facility medical services documents after Client #2 went on an outing on 5/14/18 revealed: - 5/24/18 (10 days later): Facility physician wrote orders for Cipro (infection treatment) 750mg and Flagyl (infection treatment) 500mg BID (twice daily) for 10 days; Bactroban Ointment (infection treatment) and cover; Surgical Consult - 5/24/18 Sick visit "Medical Appointment/Consultation Record" for "Mass left great toe - Return for biopsy;" (MD Signature illegible) Return appointment 6/4/18 at 1:15PM - 5/31/18 (17 days later): Facility NP Visit Note - Lesion: Left great toe has area of eschar (dead tissue); significant amount of swelling noted at tip of toe; quarter size diameter; entire toe swollen - Left great toe: staff reported Client #2 was on an outing and had a blood-filled blister on the tip of his toe that progressed to a "full wound" - Today staff report it looks worse with a duration of less than 2 weeks - Diagnosis: Cellulitis (inflammation) of left toe-currently on treatment with Cipro; Flagyl; Bactroban; a Surgical consult pending; will follow up for biopsy next week - 6/4/18 (21 days later): "Medical Appointment/ Consultation Record" Physical findings - Left great toe necrotic mass; punch biopsy completed; elevate left foot; "...may need partial or complete toe amputation ..." - 6/6/18 (23 days later): Facility physician gave a telephone order for Cipro 750mg and Flagyl 500mg BID (twice daily) for 10 days; Bactroban Ointment to be applied to left great toe and</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 14</p> <p>covered</p> <ul style="list-style-type: none"> - 6/14/18 (31 days later): Facility NP Visit Note - "Lesion (s) left great toenail ...lifted off of nailbed; toe almost double in size; redness and swelling ...up to metatarsal joint (mid portion of the foot); skin open; sutures noted; skin color black to tip of toe ..." - Cellulitis of left toe; unknown cause; biopsy results pending from last week, though with increased redness and swelling; refer to emergency room (ER) for intravenous (IV) antibiotics, as he has complicated history of renal failure - 6/28/18 (45 days later) Facility NP Visit Note - Office visit after visits to ER on 6/14/18 and 6/18/18 - ER visit on 6/14/18 was given IV antibiotics; antibiotics were changed to Clindamycin - ER visit on 6/18/18 staff reported excessive bleeding that would not stop - Diagnoses of Hemorrhage and Osteomyelitis, unspecified versus carcinoma; scheduled for partial foot amputation tomorrow <p>Review on 7/18/18 of ER notes from 2 local hospitals regarding Client #2 revealed:</p> <ul style="list-style-type: none"> - 6/14/18: Client #2 brought by his case worker for evaluation of "right" (left) great toe mass with possible infection - recent biopsy results pending - on antibiotics since 5/21/18 - caregivers concerned about increased swelling and infection despite antibiotics - client described pain as "dull aching" - "fungating" (lesion) mass of toe marked by ulcerations, necrosis and presents foul odor - indication of toe infection; may reflect osteomyelitis (bone infection) and marked osteopenia (lowered bone density) - findings highly suspicious for osteomyelitis 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 15</p> <ul style="list-style-type: none"> - Cleocin (antibiotic) administered -6/18/18: Client #2 presented to ER with bleeding on his "L" big toe from some sort of growth - 6/4/18 had a biopsy - on Plavix (blood thinner) - went to the bathroom and found by staff with a pool of blood around him - 1/2 of left distal toe missing presumably from tumor - x-ray revealed lytic (bone) destruction <p>Review on 7/18/18 of Client #2's surgical clinic note written by the surgeon dated 5/24/18 revealed:</p> <ul style="list-style-type: none"> - received call from facility with facility physician's concern and urgent request for the surgeon to evaluate Client #2 - exact duration of left great toe ulceration unknown - facility nurses had been doing Epsom salts soaks and dressings for several days - his toe had become worse and a little more bloody - left great toe mass appears consistent with a pyogenic granuloma (vascular lesion) but malignancy could not be ruled out - surgeon recommended a punch biopsy for definitive diagnosis - "unfortunately" the physician was informed by facility staff that Client #2 would have to have DSS (Department of Social Services) approval and consent - surgeon called DSS and left a message for Client #2's guardian explaining the situation - Client #2 and staff were given an option to stay and wait for a while for permission to have the biopsy or return another date - Client #2 and staff decided to leave - "Shortly after he (Client #2) left ... [DSS Guardian] called back ...case was discussed ...he 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 16</p> <p>gave verbal consent"</p> <p>Review on 7/18/18 of a document dated 5/24/18 provided by Client #2's DSS (Department of Social Services) Guardian revealed:</p> <ul style="list-style-type: none"> - surgeon contacted DSS on 5/24/18 and left a message that Client #2 was in his office and requested authorization to obtain a biopsy - surgeon's call returned approximately 15 minutes after message had been left - surgeon informed the guardian the client went back home and would reschedule - DSS Guardian gave verbal permission for the punch biopsy - guardian called the facility and discussed the plan to reschedule the biopsy <p>Review on 7/18/18 of Client #2's punch biopsy procedure written by the surgeon and dated 6/4/18 revealed:</p> <ul style="list-style-type: none"> - punch biopsy left great toe mass after "Informed consent was obtained from [DSS Guardian] on 5/24/18" <p>Review on 7/18/18 of Client #2's biopsy results returned 6/28/18 revealed:</p> <ul style="list-style-type: none"> - poorly differentiated carcinoma (cancer) <p>Review on 7/18/18 of a post-operative progress note written by the surgeon for Client #2 dated 7/2/18 revealed:</p> <ul style="list-style-type: none"> - "Amputation of toe secondary to malignancy ...will obtain scan of chest, abdomen and pelvis ...some bilateral pulmonary (lung) nodules ...could not rule out metastatic disease ..." <p>Interview with Client #2 was attempted on 6/27/18, but he was involved with his guardian and unavailable.</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 17</p> <p>Observation on 6/27/18 from 2:30PM - 5:00PM revealed:</p> <ul style="list-style-type: none"> - Client #2 arrived home from the day program and walked to a recliner; - He was assisted to elevate his left foot; - His DSS Guardian arrived to talk with him; - Client #2 was told by his guardian a surgery to amputate his left great toe was scheduled for the next day; - Client #2 asked his guardian what amputation meant. <p>Interview on 6/27/18 with Staff #7 revealed:</p> <ul style="list-style-type: none"> - Client #2 was now using a wheelchair; - He had a tumor on his toe and half of his toe had been "eaten away;" - She had called 911 on 6/16/18 due to Client #2's toe "squirting blood;" - She had kept pressure on Client #2's toe and had used half a roll of paper towels. <p>Interview on 7/5/18 of Staff #8 revealed:</p> <ul style="list-style-type: none"> - Staff #8 had written on an incident report dated 5/14/18 that Client #2 had a small "blood blister" under his toenail on his left great toe; - She had called RN#12 after 3PM on 5/14/18 who instructed her to watch it (toe); - RN#12 saw it (toe) on Tuesday (5/15/18) and said if the area started to bleed or raise up to call; - At that point, the staff was not to cover the toe; - On 5/16/18, the staff was supposed to transition and another staff came on shift; - Staff #8 wrote a note to the next shift (note was unavailable) that Client #2 had a "blood blister" on his left toe and to notify RN#12 if any changes occurred; - Staff #8 returned to work on 5/23/18 in the afternoon; - She had taken Client #2 to the bathroom and took off his shoe and sock; 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 18</p> <ul style="list-style-type: none"> - The shoe had blood in it and the black sock was wet; - The top of Client #2's foot was saturated with blood; - Client #2's swollen toe looked like a huge mashed grape and was open on the right; - She called RN#12 who said to soak the client's left toe in "Epsom (salt mineral);" - RN #12 said to then elevate, let his toe air dry, afterwards cover with a nonstick pad and wrap with gauze anchored under his foot; - On Thursday (5/24/18), RN#12 looked at Client #2's toe and said he was going to a surgeon; - On 5/24/18, Client #2 saw the surgeon who continued AM and PM "Epsom" soaks, application of antibiotic cream and by mouth antibiotics; - One week later, the surgeon discontinued the soaks; - Client #2 had a punch biopsy on 5/30/18 or 5/31/18; - The tissue on top of his toe was necrotic; - Client #2 complained of his toe hurting after the surgeon's biopsy; - Sometime in June, Client #2's toe started bleeding and he had gone to the ER; - Another time, Client #2 went to the ER for IV antibiotics. <p>Interview on 7/10/18 with FS#14 revealed:</p> <ul style="list-style-type: none"> - FS#14 worked with Client #2 on Wednesday after the "blood blister" showed up on 5/14/18; - Staff #8 left a note which instructed him to keep the toe bandaged and apply clean socks; - On 5/20/18, Client #2 started to "act funny" by being irritable, agitated and not eating; - The blister on Client #2's toe had popped and blood was coming out; - He had called RN #12 who responded "Band-Aid on it;" 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 19</p> <ul style="list-style-type: none"> - Client #2 complained of toe pain on 5/22/18 and 5/23/18; - FS#14 saw Client #2's toe on 6/2/18 after Staff #8 had soaked his toe in Epsom salt. - Over the 6/2/18 weekend, he had changed Client #2's dressing and his toe looked like a "badly cooked hot dog;" - Client #2 continued to be incredibly agitated and acting unusual; - He had not used soaks (Epsom salt and water) but had changed Client #2's dressing. <p>Interview on 7/18/18 with the DSS Guardian revealed:</p> <ul style="list-style-type: none"> - On 5/24/18, he had received a phone message at approximately 9AM from Client #2's surgeon; - The Guardian had called the surgeon back about 15 minutes after the message had been left; - He had given the surgeon verbal consent to complete the biopsy; - The surgeon told him Client #2 had already left and would come back later. <p>Interview on 7/3/18 with the Group Home Manager (GHM) revealed:</p> <ul style="list-style-type: none"> - She had transferred to a different group home at the end of June; - The GHM had gone with other staff and the clients on an outing to an animal ranch on 5/14/18; - Staff #8 came on shift the next week had mentioned Client #2's toe on his left foot; - The GHM had not heard anything after that because "nursing was taking care of it (Client #2's toe) and putting on [antibiotic ointment] and soaking it in sea salt;" - The first time she had seen Client #2's toe she "thought how awful;" - The GHM had taken Client #2 to the ER when 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 20</p> <p>his toe had started bleeding during this time;</p> <ul style="list-style-type: none"> - The ER had stopped the bleeding and sent Client #2 back home; - Client #2's toe was hard to take care of. <p>Interview on 7/5/18 with RN#12 revealed:</p> <ul style="list-style-type: none"> - Client #2 had taken his walker on an outing to an animal ranch; - Staff #8 said he had a small blood blister on his toe when he returned; - RN#12 looked at the blood blister on 5/15/18 and asked staff to put a pad and Band-Aid on it; - FS#14 called and said the blister "had busted open;" - RN#12 was unsure who and when the soaks (Epsom Salt) were ordered; - A week later on or around 5/30/18 Staff #8 called and said it (Client #2's toe) looked really bad; - She had gotten the facility physician on "telemed" to look at the toe and he referred Client #2 to a surgeon; - The facility physician had also put Client #2 on antibiotics until he was seen by the surgeon; - Client #2 had been taken to the ER (date unspecified) and the hospital stopped the foot soaks; - RN#12 had given the biopsy consent for Client #2 to the Qualified Professional (QP); - The QP faxed the consent to the DSS Guardian, but guardian had signed in the wrong place and it took another week to obtain the signed biopsy consent; - RN#12 described Client #2's left great toe as "raw meat" with the edge swollen and red; - Approximately two weeks after the biopsy was obtained, another specimen had to be sent to the [out of state metropolitan hospital]; - Client #2 had cancer which had possibly metastasized to other parts of his body; 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 21</p> <ul style="list-style-type: none"> - Initially, the physician was not notified about Client #2's toe as "Nothing required calling the doctor and the skin was not broken." <p>Interview on 7/19/18 with the facility QP revealed:</p> <ul style="list-style-type: none"> - The process for addressing a client's wound was to report the same day to the GHM and nursing gave the immediate solution; - Client #2 had not complained of toe pain; - The GHM had transported Client #2 to the surgeon; - The QP had been told Client #2 had been at the surgeon's 1st office visit and the surgeon wanted to complete a biopsy, but needed guardian consent; - The QP's understanding was the surgeon was unable to wait for the guardian's consent; - The QP spoke with the guardian and sent him the consents in the mail; - The QP was responsible to obtain the consent and the appointment had been rescheduled; - She had spoken with the GHM who was unaware of an option to obtain verbal consent from the guardian. <p>Interview on 7/19/18 with the Vice President of Operations (VPO) revealed:</p> <ul style="list-style-type: none"> - She had reviewed documentation of Client #2's facility care and treatment; - The VPO wanted to know what additional interventions would have been required for Client #2's treatment related to cancer of his toe; - She felt the facility had responded in a timely manner and the client had not had an infection in his toe but instead had cancer in his toe; - The VPO acknowledged they always made changes and improvements when survey findings indicated corrective measures were warranted. <p>Review on 7/18/18 of a Plan of Protection</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
NAME OF PROVIDER OR SUPPLIER HENSLEY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694		
(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 291	<p>Continued From page 22</p> <p>completed by the QP dated 7/18/18 revealed: What will you immediately to correct the above rule violations in order to protect clients from further risk or additional harm? "(V219) QP will contact staff working & see if any clients have open wounds & if So RN Supervisor will go to the home and assess the individual and train staff. QP will review outing calendar, if an outing is scheduled each individual will be assessed by the RN Supervisor to determine if they should go on outing. If the RN Supervisor feels the individual should not go on outing, staffing will be provided for those individuals to stay home. RN will continue to be supervised by Lead RN. Administration will review all incident reports. Regional RN will monitor monthly. When individual wound that needs care, nursing supervisor will train staff to provide care. Administrator will inservice QP to revise PCP will (with) client status changes & QP will train staff. Staff will be in-serviced by lead RN by the end of the day tomorrow. In-Service will include to not give meds/treatments that aren't listed on the MAR. Home manager will be in-inserviced by QP by end of the day tomorrow to provide 1:1 training for each new staff member." Describe your plans to make sure the above happens. "QP contacted staff working at Hensley - [Staff #8]. [Staff #8] stated that no clients have any wounds & there are no scheduled outings. Nursing Supervisor will supervise RN. Administrator will supervise QP. QP will supervise home manager to ensure training is provided for each new staff coming into the home." Signed by [QP] 7/18/18</p> <p>Client #2 was medically fragile with multiple diagnoses including Intellectual Developmental Disability (IDD); Hypertension, Chronic Kidney Failure - Stage IV; High Cholesterol;</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	<p>Continued From page 23</p> <p>Gastroesophageal Reflux Disease (GERD); Early Parkinson's Disease; Osteoporosis; Benign Prostatic Hypertrophy (BPH); Constipation; Diverticulosis; Cerebral Vascular Accident (CDA); Brachiocephalic Artery Infarction (BCA); Anemia; Congestive Heart Failure (CHF); and Gout with Uric Acid. He was unable to understand his conditions and related treatment interventions. After Client #2 returned from the trip on 5/14/18, he told staff he had injured his left big toe. Staff (unknown) decided without a physician's order to start soaking Client #2's toe in Epsom Salt soaks (date unknown). The facility physician evaluated Client #2's toe via telemed 10 days after the client reported his toe injury. The physician immediately started Client #2 on antibiotics and made an urgent request for a surgeon to evaluate the client's toe. The surgeon saw the client on 5/25/18 and requested consent for a biopsy of the client's toe. Staff and Client #2 had decided not to wait on the guardian to call back to the surgeon's office for verbal consent. The guardian called the surgeon back and gave verbal consent 15minutes after the client and staff left his office. The biopsy of tissue on Client #2's left great toe was obtained at a follow up appointment on 6/4/18 (10 days later). Client #2 had two ER visits on 6/14/18 and 6/18/18. Once for IV antibiotics per the facility NP's orders after Client #2's toe condition worsened. The second ER visit was because Client #2's toe hemorrhaged. The ER physician noted the client was taking a blood thinner. He was administered antibiotics beginning 5/24/18 through his amputation on 7/2/18. Client #2 had been agitated and complained of his toe hurting from 5/19/18 - 6/17/18. The biopsy results were returned on 6/28/18 (34 days after the surgical consult was requested and 45 days after Client #2's outing). Client #2 was diagnosed with undifferentiated</p>	V 291		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/19/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HENSLEY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694
---	--

(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 291	Continued From page 24 carcinoma (cancer). Client #2's left great toe was amputated on 7/2/18 and his cancer had metastasized (spread to other areas). The delay in seeking medical and surgical care for client #2's toe injury and the failure to ensure wound care was performed as ordered by trained staff constitute serious neglect of Client #2. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$1000.00 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 291		