

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-066 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/24/2018 |
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| NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS - LEE LANE | STREET ADDRESS, CITY, STATE, ZIP CODE 300 LEE LANE ROANOKE RAPIDS, NC 27870 |
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on August 24, 2018. A deficiency was 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 112 | <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> | V 112 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 112 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three clients (#1) treatment plan was revised. The findings are:</p> <p>Review on 8/22/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date of 9/16/10 - diagnoses of Sever Autism, Hyperlipidemia, History of Explosive Disorder and Profound Intellectual Functioning <p>Review on 8/22/18 of client #1's treatment plan dated 11/1/17 revealed:</p> <ul style="list-style-type: none"> - client #1 was nonverbal - behaviors may include...picking at his skin.... - no goals or strategies to address self injurious behaviors that may cause staph infections... <p>Review on 8/24/18 of an incident report dated 6/24/18 revealed:</p> <ul style="list-style-type: none"> - "Qualified Professional (QP) learned on 6/15/18 from staff that [client #1] had a spot on his left foot/4th toe that they discovered he was picking at and caused to bleed..." - "...QP was informed by [client #1]'s mother the doctor recommended removal of [client #1]'s toe that has become badly infected to prevent further infection from returning..." <p>During interview on 8/23/18 the Residential Director (RD) reported:</p> <ul style="list-style-type: none"> - she started at the facility in 2011 - client #1 has been dealing with staph infections since she worked at the facility - he will break out with bumps on his face and he will pick at the bumps that usually lead to a staph infection - a month prior to the toe infection he was on | V 112 | | |

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| V 112 | <p>Continued From page 2</p> <p>an antibiotic for a staph infection</p> <ul style="list-style-type: none"> - she was part of the treatment team meetings but was not sure why client #1's history of self injurious behaviors/staph infections were not addressed in his treatment plan <p>During interview on 8/23/18 the QP reported:</p> <ul style="list-style-type: none"> - client #1 had a history of boils that would appear on his face...they would be red...pop...and drain - client #1's physician recommended they put a Band-Aid on the bumps to prevent him from picking at it and causing staph infections - staff reported client #1 had been picking at his toe prior to the infection - staff put a sock on the toe to prevent him from touching the toe but he would take it off or they would find it in his bed during the night - after the June 24, 2018 incident...staff are to complete body checks twice a day (during morning & night bath); alert her or the RD of any unusual injuries that are questionable and they were inserviced on staph infections - staff are to monitor and redirect client #1 if he was picking at his skin - prior to the 11/1/17 treatment team meeting the staph infections did not occur on a regular basis - this year (2018) he has had at least 6-7 staph infections - the treatment team discussed the staph infections but she was unsure what was discussed - she was not sure why there were no goals or strategies to address client #1's self injurious behaviors that may cause staph infections - she would speak with the care coordinator about revisions to client #1's treatment plan <p>Attempted telephone call to the care coordinator</p> | V 112 | | |

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| V 112 | <p>Continued From page 3</p> <p>on 8/23/18...she was out of the office</p> <p>During interview on 8/23/18 the supervisor of the care coordinator reported:</p> <ul style="list-style-type: none"> - she was headed to a meeting - she would review her supervision notes after the meeting and call surveyor back <p>*surveyor reached out a second time to the supervisor... a message was left...there was no return phone call by close of survey</p> | V 112 | | |