Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-153	A. BUILDING: _____ B. WING _____	R 09/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLYNN GROUP HOME	89 ASHLYNN DRIVE CONCORD, NC 28025

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 9/19/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	DHSR - Mental Health OCT 01 2018 Lic. & Cert. Section	9/20/18
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	V 112 Treatment plans will be revised to address strategies to assist residents when incidents occur or changes in behavior to ensure residents are receiving the best possible care to prevent incidents of the same nature from reoccurring. Revision made will include staff and resident and/or responsible person and updated as needed throughout the plan year. The Group Home will monitor the updates as needed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Betty Overdiep | TITLE: Group Home Manager | (X6) DATE: 9/25/18

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on records review. observation and interviews, the facility failed to develop and implement strategies to address client needs affecting 1 of 2 current clients (#1) and 1 of 1 former client (FC#3). The findings are: Review on 9/4/18 of client #1's record revealed: -admission date of 1/13/15 with diagnosis of Schizophrenia, Irritable Bowel Syndrome, Alcohol Dependence in Full Remission and Hypercholesterolemia; -treatment plan dated 6/25/18 documented the following goals: report medical concerns as needed, demonstrate appropriate social skills with peers, maintain mental health stability and practice daily independent living skills. Review on 9/4/18 of FC#3's record revealed: -admission date of 5/25/17 with diagnosis of Schizophrenia, Anxiety, Chronic Obstructive Pulmonary Disease and Hypertension; -discharged on 9/8/18; -treatment plan dated 5/29/18 documented the following goals: work on independent living skills, improve social skills, use unsupervised time successfully, attend all appointments and take all prescribed medications. Review on 9/4/18 of the facility incident reports from 5/1/18-9/4/18 revealed the following: -7/28/18 client #1 admitted to checking his medications and giving to FC#3, was not able to give dates or times; -7/28/18 client #1 broke into the locked storage cabinet and took a television and gave it to a peer; -7/30/18 it was reported FC#3 was taking	V 112		

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V 112	Continued From page 2 medications from client #1, crushing them and snorting them, FC#3 denied it. Interview on 9/4/18 with client #1 revealed: -gave FC#3 his Wellbutrin; -cheeked his medications and gave to FC#3; -not sure how many times; -exchanged for cigarettes; -also FC#3 asked for his Ativan; -gave to FC#3 also. Interview on 9/11/18 with FC#3 revealed: -aware client #1 said he(client #1) was giving him(FC#3) medication; -only happened one time; -threw the medication away, did not know what it was, never took it. Observation 12:20pm on 9/4/18 of client #1's medications on site revealed: -bupropion (generic for Wellbutrin) 150mg one tablet daily; -lorazepam (generic for Ativan) 0.5mg one tablet at bed. Interview on 9/4/18 with the Qualified Professional revealed; -was not aware of any clients trying to cheek medications prior to report made by client #1; -staff administer medications to clients; -once information came out, staff began to do mouth checks and look inside clients' mouths to ensure medications swallowed. Further review on 9/4/18 of client #1's record revealed: -no history of cheeking medications; -no updated strategies in the treatment plan addressing the issue of cheeking medications; -no updated strategies in the treatment plan for	V 112		

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V 112	Continued From page 3 taking property that does not belong to him. Further review on 9/4/18 of FC#3's record revealed: -no history of cheeking medications or taking other clients' medications; -no updated strategies in the treatment plan addressing the issue with taking other clients' medications. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the	V 290	V 290 Supervision plans will be revised as needed throughout the plan year to address resident needs and/or changes in their behavior to ensure safety. The plans will be reviewed annually or as needed to ensure the resident continues to be capable of remaining in the home or community without supervision for specified periods of time. The group home manager will monitor as needed throughout the plan year.	9/20/18

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V 290	Continued From page 4 emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure a minimum of one staff member was present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision and the plan was reviewed as needed to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time affecting 1 of 2 current clients(#1) and 1 of 1 former client (FC#3). The findings are: Review on 9/4/18 of client #1's record revealed: -admission date of 1/13/15 with diagnosis of	V 290		

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V 290	Continued From page 5 Schizophrenia, Irritable Bowel Syndrome, Alcohol Dependence in Full Remission and Hypercholesterolemia; -treatment plan dated 6/25/18 documented the ability to have supervised time in the community and in the facility. Review on 9/4/18 of FC#3's record revealed: -admission date of 5/25/17 with diagnosis of Schizophrenia, Anxiety, Chronic Obstructive Pulmonary Disease and Hypertension; -discharge date of 9/8/18; -treatment plan dated 5/29/18 documented the following goal: use unsupervised time successfully. Review on 9/4/18 of the facility incident reports from 5/1/18-9/4/18 revealed the following: -7/28/18 client 12 admitted to checking his medications and giving to FC#3, was not able to give dates or times; -7/28/18 client #1 broke into the locked storage cabinet and took a television and gave it to a peer; -7/30/18 it was reported FC#3 was taking medications from client #1, crushing them and snorting them, FC#3 denied it; -7/30/18 client #1 alleged FC#3 sexually assaulted him(unproven), FC#3 became unstable and was later involuntarily committed. Further review on 9/4/18 of client #1's and FC#3's records revealed no updated unsupervised time assessments present in the record to determine the continued capability to have unsupervised time in response to the incidents listed above. Interview on 9/4/18 with the Qualified Professional revealed: -once sexual allegations came out, overnight	V 290		

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V 290	Continued From page 6 awake staffing and bed checks were put into place, a safety plan was implemented; -FC#3 left the facility to go stay with a family member two days after allegations, returned for a few days and then left again, did not return; -no updated unsupervised assessments were completed on client #1 and FC#3 in response to above listed incidents; -did provide extra staffing and one on one staffing for FC#3 due to the nature of the allegations and safety issues while he was at the facility.	V 290		