

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL034-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/01/2018
NAME OF PROVIDER OR SUPPLIER  HOME CARE SOLUTIONS ATRHUE ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 1234 RHUE ROAD WINSTON SALEM, NC 27105		
(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	INITIAL COMMENTS  An Annual Complaint and Follow-Up Survey was completed on October 1, 2018. The complaints were substantiated (intake #NC00142092 and NC00142658). Deficiencies were cited.  This facility is licensed for the following service category:  - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults	V 000	In the event a communicable disease is found amongst any resident, they will receive immediate medical attention and all directions provided by the medical treatment team will be followed. If additional residents are required to have treatment, they will receive the treatment as ordered. If the doctors order requires that the individual refrain from interaction with others until a specific time, that will be done as well.  All Direct care staff will be notified of the prescribed treatment plan and will be expected to follow it as prescribed. Parents and guardians will be notified as well.	
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices,	V 291	The Qualified Professional will make sure that staff get the individual to the needed doctor visit and will manage getting and prescribed medications as well as providing instructions on the treatment plan.  The Director shall be notify in order to assure that the proper procedures have been followed.  This is an ongoing process to manage any similar incidents going forward.  <b>DHSR - Mental Health</b> <b>OCT 23 2018</b> <b>Lic. &amp; Cert. Section</b>	

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

TITLE

(X6) DATE

*Anthony Jones* KRBEN Director

10-18-2018

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V 291	<p>Continued From page 1</p> <p>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 interview and record review, the facility staff failed to coordinate services between the facility and qualified medical professionals responsible for client treatment. The findings are:</p> <p>Review on 9-20-18 of former client #2's (fc2) facility record revealed he was:</p> <ul style="list-style-type: none"> <li>- admitted 3-4-17</li> <li>- 33 years old</li> <li>- diagnosed with: <ul style="list-style-type: none"> <li>- Obsessive-Compulsive Disorder</li> <li>- Schizophrenia</li> <li>- Autism Spectrum Disorder</li> <li>- Attention Deficit-Hyperactivity Disorder</li> <li>- Mixed Receptive Expressive Language Disorder</li> <li>- Pervasive Developmental Disorder</li> <li>- Borderline Cognitive Disorder</li> <li>- Acute Eczema</li> <li>- Chronic Open Sores</li> <li>- recurring skin fungal infections</li> </ul> </li> <li>- discharged 9-8-18</li> </ul> <p>Review on 9-20-18 of an incident report dated 8-8-18 revealed fc2 was:</p> <ul style="list-style-type: none"> <li>- taken, "to the hospital and found out it was scabies"</li> <li>- "medical care provided: treatment for scabies"</li> </ul>	V 291		

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V 291	<p>Continued From page 2</p> <p>Review on 9-21-18 of an e-mail (electronic mail letter) written by the Qualified Professional (QP) on 8-8-18 revealed:</p> <ul style="list-style-type: none"> <li>- "[fc2] went to his routine doctor 's appointment today at [regional medical practice] for (psychiatric) med management. While, there at his appointment he showed the doctor little red dots on his arm. The doctor said we needed to make an appointment for this with primary."</li> <li>- "To address the issue head on we went ahead and took him to the hospital until we could get an appointment. While, at the hospital they checked him out and he has scabies."</li> </ul> <p>Review on 9-21-18 of of the "Emergency Department After Visit Summary" dated 8-8-18 revealed:</p> <ul style="list-style-type: none"> <li>- "Reason for Visit, Rash"</li> <li>- "Instructions ... START taking permethrin (Elimite)"</li> <li>- "Read the attached information"</li> <li>- "Attached Information, Scabies</li> </ul> <p>...Scabies is highly contagious ..... Everyone living in the house with you, as well as your sexual partners, should be treated at the same time."</p> <p>Interview on 9-21-18 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> <li>- fc2 had scabies</li> <li>- he got a prescription cream to treat the scabies</li> <li>- When asked if anyone else at the facility was treated for the scabies as the emergency department discharge instructions stated, the Residential Manager stated, "I don ' t believe so." <p>Interview on 10-1-18 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- "we do body checks on everybody routinely on second and third shift."</li> </ul> </li></ul>	V 291		



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V 291	Continued From page 3  - both client #1 and fc2 don ' t interact very much at the facility - "they both attend the (same) day program ..." - "we probably should have treated [client #1] too." Further interview with the QP failed to reveal why client #1 was not treated, despite the emergency department discharge instructions stating that "everyone living in the house with you ...should be treated at the same time."	V 291		
V 744	27G .0304(b) Safety  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  This Rule is not met as evidenced by: Based on observation and interview, the facility staff failed to equip the facility in a manner that ensured the physical safety of clients, staff and visitors. The findings are:  Observation on 10-1-18 at approximately 10:15 am revealed: - parking at the facility is located within approximately 20 feet from the back door of the facility - the back door is the main entry and exit to the facility - interior door knob for the back door is silver colored	V 744		

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V 744	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- the rest of the hardware on the back door is brass colored</li> </ul> <p>Interview on 9-21-18 with the Property/Program Manager (PPM) revealed:</p> <ul style="list-style-type: none"> <li>- at the Rhue Road facility, the property owner preferred to make most repairs</li> <li>- the PPM was not sure when the back door knob first became inoperable</li> <li>- It took "about two to three days" from when it was first noticed by staff, until the PPM made a first attempt to fix it.</li> <li>- It took "about two to three days" from when the PPM made a temporary fix that didn't last, until he simply replaced the knob.</li> <li>- "The new knob was put on September 3rd or 4th."</li> <li>- "There is no system in place to notify me when there's a client safety repair needed. They just let me know, and I determine if it's critical or not ..."</li> </ul> <p>Interview on 9-21-18 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- the, "door knob broke about a week before former client #2 (fc2) left (discharged 9-8-18, which was), around the first of September."</li> <li>- "I notified my manager and she passed it on to the owner or whoever does repairs."</li> <li>- "You could get in, but you couldn't get out."</li> <li>- "I think it got fixed around Tuesday or Wednesday, the 11th or 12th (of September, 2018)."</li> </ul> <p>Interview on 9-21-18 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> <li>- staff #1 informed her of the broken door knob</li> <li>- she didn't know how long it took to get the door knob fixed, but thinks it was about a week and a half</li> </ul>	V 744	<p>Staff have been instructed to notify the Supervisor immediately of any inoperable or broken items in the residence. The Supervisor then contacts Dwain Jones.</p> <p>Most repairs are made within 24 hours unless it is something specific that the Landlord has advised that they will take care.</p> <p>A work order form has been created and can be completed and texted or emailed to the responsible party. All staff have been informed that maintenance issues and especially those involving the health and safety of everyone takes priority and need to be identified immediately.</p> <p>Dwain Jones (Operations Manager) is responsible for a monthly maintenance check, but he also has indicated to staff to let him know about things that may go wrong from day to day immediately.</p>	

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V 744	Continued From page 5  - When asked if it would be beneficial to develop a faster procedure for getting things fixed that involved client safety, the Residential Manager stated: "of course, yea"  Interview on 9-21-18 with the Qualified Professional (QP) revealed: - staff #1 told the PPM about the broken knob - fc2 ' s Care Coordinator visited the facility, noticed the broken knob, but the PPM already knew about it. - When asked why it took so long to repair, the QP stated, "I can ' t honestly answerthat." - they could do better about identifying client safety related repairs and getting them done - "I think it can be done ... repairs that impact client safety ... fixed or repaired within 24 to 48 hours."	V 744		