

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-278	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/30/2018
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NAME OF PROVIDER OR SUPPLIER ROBESON #1	STREET ADDRESS, CITY, STATE, ZIP CODE 601 CARTHAGE ROAD LUMBERTON, NC 28358
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 30, 2018. 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, reporting, investigating and controlling infectious and communicable diseases of personnel and</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

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide training to meet the needs of a client for 3 of 3 staff audited. (Staff #4, Staff #5, Staff #6). The findings are:</p> <p>Review on 10/26/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 47 year old male admitted 7/1/11. - Diagnoses included intellectual disability, moderate; seizure disorder, generalized epilepsy; hypertension; right hemiplegia; anxiety disorder; allergic rhinitis. -Client #1 had a Vagal Nerve Stimulator (VNS) (left side of neck) and should have his magnetic wand with him at all times. -Documentation in client #1's Individual Support Plan, Crisis Prevention and Early Intervention Strategies read, "... the group home staff and day program have access to a magnetic wand that can activate the implant by wand over the implant area. This process should be used with any seizure that [client #1] has. The magnetic pager can not actually touch [client #1's] body, as this will turn the stimulator off. If [client #1] has a seizure, wave the magnet over the implant area and let him lie down to get his self together. He may cough a little but the seizure will gradually subside. His balance may be affected by the seizure. If [client #1] continues to cough and/or have chest pains for 3-5 minutes, the implant is over activated and needs to be turned off. To turn off the stimulator, tape the pager to [client #1's] body directly over the implant area on his chest. 	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 2</p> <p>[Client #1's] mother and group home staff should then immediately be contacted as [client #1] has 4 hours to get to [medical center] for appropriate medical care and testing."</p> <p>Review of Staff #6's personnel record on 10/30/18 revealed: -Position/Title: Direct Support Associate -Date of Hire: 9/27/18 -No documentation of training about client #1's VNS</p> <p>Review of Staff #4's personnel record on 10/30/18 revealed: -Position/Title: Direct Support Associate -Date of Hire: 07/01/11 -No documentation of training about client #1's VNS</p> <p>Review of Staff #5's personnel record on 10/30/18 revealed: -Position/Title: Direct Support Associate -Date of Hire: 12/31/14 -No documentation of training about client #1's VNS.</p> <p>Interview on 10/26/18 Staff #5 stated: -She worked "1 on 1" with client #5. -She had not received any formal training on client #1's VNS. Fellow staff just showed her what to do. -She had used the wand within the past 90 days for a seizure. -There was a VNS on top of refrigerator and one on the medication cart at the group home. -She always took the VNS wand with her, but today she forgot and left it at the home. -When asked how she had been trained on using the wand, Staff #5 stated there was a lady that told her to swipe it once on his left side. When</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 3 you swiped it, it released medication to stop his seizures. -When asked about making skin contact with the wand, Staff #5 stated it was not necessary to make contact with the skin, but it did not matter if you did make skin contact.	V 108		
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, 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.	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting two of three clients audited (#2 and #1). The findings are:</p> <p>Finding #1: Review on 10/26/18 of client #2's record revealed: - 58 year old female - Admission date to the facility on 07/01/11. - Diagnoses of Dementia, Moderate Intellectual Disability, Phonological Disorder, Epilepsy, Hypothyroidism, Tardive Dyskinesia, Hypertension, Glaucoma, and Bipolar Mood Disorder - No eye exam since 5/03/18.</p> <p>Review on 10/26/18 of a signed physician order for client #2 dated 05/03/18 revealed: - Reason for Appointment: Follow up - Symptoms Present: Large cupping of optic nerves. - Return Appointment: 3 months.</p> <p>Interview on 10/26/18 client #2 stated: - She had resided at the facility for many years. - She had no concerns at the group home.</p> <p>Interview on 10/30/18 the Facility Nurse stated: - Client #2 had attended appointment on 5/03/18 and had not returned for follow up. - She would follow up on client #2's eye exam.</p> <p>Finding #2:</p>	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 5</p> <p>Review on 10/26/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 47 year old male. - Diagnoses included intellectual disability, moderate; seizure disorder, generalized epilepsy; hypertension; right hemiplegia; anxiety disorder; allergic rhinitis. - Client #1 had a Vagal Nerve Stimulator (VNS) and should have his magnetic wand with him at all times. - The group home staff and day program should have access to a magnetic wand that can activate the implant by wandering over the implant area. - This process should be used with any seizure that client #1 had. <p>Interview on 10/26/18 Staff #5 stated:</p> <ul style="list-style-type: none"> - She worked "1 on 1" with client #5. - She had used the VNS wand within the past 90 days for client #1's seizure. - There was a VNS on top of refrigerator and one on the medication cart at the group home. - She always took the VNS wand with her, but today she forgot and left it at the home. (Client #1 and Staff #5 were at the Licensee's office during interview.) <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 291		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are</p>	V 752		

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V 752	<p>Continued From page 6</p> <p>exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observations on 10/25/18 between 10:00am and 10:30am revealed: -Kitchen sink water temperature read 122 degrees Fahrenheit. -Hall bathroom water temperature read 120 degrees Fahrenheit in the sink and 118 degrees Fahrenheit in the tub.</p> <p>Interview on 10/25/18 the Group Home Manager stated: -She was not aware the water temperatures were too hot. -She had called and facility maintenance staff were onsite to adjust temperature settings. -She would make sure the temperature was adjusted to proper range.</p>	V 752		