

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2018
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NAME OF PROVIDER OR SUPPLIER CHRIST CHURCH	STREET ADDRESS, CITY, STATE, ZIP CODE 6434 THERMAL ROAD CHARLOTTE, NC 28211
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/9/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p>	V 106		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 106	<p>Continued From page 1</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a medical preparedness plan to be utilized in a medical emergency. The findings are:</p> <p>Review on 11/1/18 of Client #1's record revealed: -Admission date of 4/24/00 - Diagnoses of Mild Mental Retardation, Dementia due to Rasmunson's Disease and Brain Injury, Psychotic Disorder and Seizure Disorder. - wears a leg brace and uses a cane to walk - prone to falls; "When walking, [Client #1] may become unstable. He may require supervision/supports while walking."</p> <p>Review on 11/1/18 of Incident Report dated 8/1/18 written by Staff #1 and the House Manager revealed: -"Staff woke [Client #1] up for the morning and noticed his face covered in blood. Staff asked what happened. He stated that he had fallen in the middle of the night. He has a cut over the right eye brow." (written by Staff #1) - Staff called at 6:30, staff said [Client #1] fell during the night and had a small place on his forehead. Staff said [Client #1] had followed normal morning routine and seemed fine. I suggested staff go ahead and take [Client #1] to Day Support. Around 9:30 Day Support called and said they were taking [Client #1] to the ER. I offered to go get [Client #1]. Day Support called</p>	V 106		

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V 106	<p>Continued From page 2</p> <p>again at 10am and Christ Church made arrangements to pick up [Client #1]. Christ Church staff took [Client #1] to Urgent Care. [Client #1] received stitches in his forehead." (written by The House Manager)</p> <p>Review on 11/8/18 of the facility's policies and procedures revealed the following</p> <ul style="list-style-type: none"> - Emergency Situations policy: "Medical Emergency Procedures: Any staff or Program participant that has a medical emergency will receive immediate first aid and Emergency Medical Services will be contacted (911) if required." - UMAR Emergency Procedures: "Medical Emergency: ...if symptoms do not appear to be life threatening, call supervisor and transport to medical facility as directed." <p>Interview on 11/1/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> - He could not remember all the details surrounding his fall - He believed he fell while walking to the laundry room to check on his laundry. - He hit his head on the floor. Staff #1 put him to bed and told him to rest. - The next day, he went to the doctor and had to get stitches. <p>Interview on 11/6/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - She had worked in the home for about 1.5 years as live-in staff (7 days on and 7 days off). - The morning of 8/1/18 (approximately 6am), she went to go wake up Client #1 and saw that he had dried up blood on his face and on the floor in his room, hallway and bathroom. She asked what happened and he said he fell during the night. Staff #1 took Client #1 to clean up and saw that he had a cut right above his right eye brow. The cut started bleeding a little while she was cleaning 	V 106		

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V 106	<p>Continued From page 3</p> <p>it. Staff #1 put Neosporin and a band-aid on the cut. Client #1 got dressed. Staff #1 did an incident report and sent a message to the House Manager.</p> <ul style="list-style-type: none"> - She had notified House Manager that Client #1 fell and had a cut over his eye brow and he was doing fine. The House Manager said "ok." Staff #1 took Client #1 to his Day Program. - She was not given any further instructions. - She was not aware of a protocol for falls/injuries - After the incident, there were no new trainings or protocols put in place that she knew of <p>Interview on 11/1/18 with the House Manager revealed:</p> <ul style="list-style-type: none"> - Staff called and said Client #1 fell during the night. She said he had blood on his forehead, but that he was alert, talking and was ok. - Staff #1 should have taken Client #1 to a medical facility to be checked. He was taken to his Day Program. The Day Program called and said Client #1 had a cut and felt it needed to be looked at. "I had transport staff to go get him and we took him to Urgent Care. <p>Further Interview on 11/6/18 with the House Manager revealed:</p> <ul style="list-style-type: none"> - Staff #1 called her at around 7-7:45am on 8/1/18 and said that Client #1 fell during the night and that he had some blood on his face. Staff said she cleaned it off and put a band-aid on it and that he was alert and fine. House Manager asked Staff #1 how deep the cut was ...she said it wasn't that deep. "I told her to go ahead and send him to the [Day Program]." - When Client #1 arrived at the Day Program, their manager called and said they were going to take him to be checked. "I said ok." They called back and said no they couldn't take him, they needed the group home to take him. At 	V 106		

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V 106	<p>Continued From page 4</p> <p>approximately 9:30, Group Home staff picked him up and took him to Urgent Care and he received about 3-4 stitches.</p> <ul style="list-style-type: none"> - For an incident like this, the protocol was for staff to call the House Manager or Qualified Professional (QP). At that time, the House Manager and/or QP would have made a decision to take the client to be checked. - "I truly didn't think he was hurt that bad, due to the way it was described." - She didn't see him until after he got the stitches <p>Interview on 11/7/18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She didn't know about Client #1's fall and injury until after he had already gone to his Day Program and on his way back home - According to protocol, staff notifies House Manager and then House Manager lets QP know. The communication needed to be more timely than what it was. Client #1 should have been taken to Urgent Care. Staff thought he had a smaller scratch than what it was. - There was no training done after the incident. "We just told Staff that when in doubt, clients need to go to the emergency room/urgent care to be checked out, especially if they hit their head." <p>Interview on 11/8/18 with QP #2 revealed:</p> <ul style="list-style-type: none"> - There were no nurses or medical personnel on staff with the company to provide assistance or consultation - Client #1 should have been taken to get medical attention immediately after finding him injured <p>Interview on 11/8/18 with the Director of Program Services revealed:</p> <ul style="list-style-type: none"> - Staff and the House Manager should have followed the policy entitled "Emergency Situation." - Communication between the staff and House 	V 106		

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V 106	<p>Continued From page 5</p> <p>Manager broke down. Staff #1 said she provided first aid and put a band aid on it. The House Manager should have made the call to take Client #1 to be checked. "We rely on our managers to make the call." - The House Manager made a decision with not having all of the info that was needed</p> <p>Review on 11/9/18 of the Plan of Protection dated 11/9/18 written by The Director of Program Services revealed: "What immediate action has been put in place or will be put in place by UMAR to ensure the safety of resident's in the Christ Church home? In accordance with UMAR Policies and Procedures, the following steps have been put in place:</p> <ol style="list-style-type: none"> 1) UMAR will amend UMAR Emergency Procedures to align with the American Red Cross training that is given to ensure DSP (staff) is clear about the emergency procedures. 2) New goal has been implemented on November 9, 2018 with Guardian's consent for his safety in the home. <ol style="list-style-type: none"> a. [Client #1] will ask for assistance from staff regarding mobility to ensure health and safety to reduce the risk of falls. Task Analysis will identify specific methods that will be utilized to request assistance. [Client #1] will press a button on the monitor, ring a bell, or call for assistance when needed. 3) A nightlight and a monitoring device for sound in [Client #1] room with the approval of the Human Rights Committee Chairperson. The monitoring device sound system placed in the Live-in bedroom / office area. Live-ins hearing him move around will get up to check on him and provide assistance if needed. 4) A staff member will be scheduled every night 	V 106		

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V 106	<p>Continued From page 6</p> <p>from 10 pm to 6 am for additional supervision beginning on November 9, 2018.</p> <p>5) UMAR Management Team met on November 9, 2018 and recommends transition for [Client #1] to a residential home that provides 24 hour awake staff to ensure appropriate clinical setting.</p> <p>6) Log was put in place on November 9, 2018 through the Electronic Health Record (EHR) system to record the nighttime activities of [Client #1] for his safety.</p> <p>A. UMAR will implement plans to make sure the above happens by:</p> <p>1) The UMAR Emergency Procedures will be revised to align with American Red Cross by November 15, 2018. At the upcoming managers meeting on November 15, 2018, the training coordinator, and UMAR Residential Director will train all home managers and QP's on the revised Emergency Procedures.</p> <p>2) The new safety goal will be reviewed with [Client #1] support team as soon as can be scheduled and implemented by the interim QP or UMAR Director. Procedures for care and support will be provided to all Christ Church staff members.</p> <p>3) Live-ins will check monitoring devices and night light daily to be sure safety equipment is in operation at all times. Live-ins will notify management of any problems or concerns. Manager will check monitoring device and night light one time a week to be sure fully operational at all times.</p> <p>4) UMAR Director, QP, and/or Quality Management and Training Director will review the procedure of revising goals and crisis plans for participants when a negative safety trend is identified with a participant with ALL UMAR QP's and the Christ Church QP upon return from</p>	V 106		

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V 106	<p>Continued From page 7</p> <p>maternity leave. Emphasis of continued training with QP's on treatment planning procedures and plan revision triggers when residents have a significant change or incident. Training will also include linking safety information from treatment plans to the crisis plan, participant goals, and instructions for staff.</p> <p>5) ALL UMAR QP's will understand the triggers for goal revisions and the expectation to respond quickly to incidents and accidents through plan revisions or modifications. An email will be sent to all UMAR QP's reviewing the expectation of ensuring the ISP/PCP aligns with the treatment plan/goals and strategies. Also, reviewing when goal revisions are necessary.</p> <p>6) Log Management: Beginning November 9, 2018, live-in staff will document night time activities every hour and immediately report concerns or incidents to Home Manager or QP. The Home Manager will check logs at least one time each week for completion and accuracy. The Home Manager will notify Management with any concerns with documentation in EHR logs."</p> <p>Client #1 is a 43 year old male diagnosed with Mild Mental Retardation, Dementia due to Rasmunson's Disease and Brain Trauma, Seizure Disorder and Psychotic Disorder. Client #1, who is prone to falls, uses a cane to walk and has an orthopedic brace. On 8/1/18, Staff #1 discovered Client #1 with a cut on his forehead, blood all over his face and on the room floor. Staff notified the House Manager of what happened. Client #1 was taken to his Day Program, and after the Day Program expressed concern, he was then taken to Urgent Care where he was treated for a forehead laceration and received sutures. The facility did not have a</p>	V 106		

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V 106	Continued From page 8 medical preparedness plan in place that provided clear guidelines for non-medical staff to assess and determine the need for a client who has fallen or been injured. The facility did not seek medical attention for Client #1 as instructed in the facility's "medical emergency procedures", resulting in neglect for Client #1. This deficiency constitutes a Type A1 rule violation and must be corrected within 23 days. An administrative penalty of \$1,000 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 106		
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	V 112		

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V 112	<p>Continued From page 9</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure strategies were developed and implemented to address client needs, affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 11/1/18 of Client #1's record revealed: -Admission date of 4/24/00 - Diagnoses of Mild Mental Retardation, Dementia due to Rasmunson's Disease and Brain Injury, Psychotic Disorder and Seizure Disorder. - wears a leg brace and uses a cane to walk - prone to falls; "When walking, [Client #1] may become unstable. He may require supervision/supports while walking." - No strategies and staff responsibilities to address Client #1's falls</p> <p>Review on 11/1/18 of Incident Report dated 8/1/18 revealed: -"Staff woke [Client #1] up for the morning and noticed his face covered in blood. Staff asked what happened. He stated that he had fallen in the middle of the night. He has a cut over the right eye brow." - Staff called at 6:30, staff said [Client #1] fell during the night and had a small place on his forehead. Staff said [Client #1] had followed</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>normal morning routine and seemed fine. I suggested staff go ahead and take [Client #1] to Day Support. Around 9:30 Day Support called and said they were taking [Client #1] to the ER. I offered to go get [Client #1]. Day Support called again at 10am and Christ Church made arrangements to pick up [Client #1]. Christ Church staff took [Client #1] to Urgent Care. [Client #1] received stitches in his forehead."</p> <p>Review on 11/8/18 of Incident Report dated 11/1/18 revealed:</p> <ul style="list-style-type: none"> - "Participant had yelled and staff went to see what had happened. When staff arrived to participant's room, staff noticed he had fallen beside his bed. Staff assisted him to get up off of the floor and checked for any cuts or bruising or bleeding. He had a minor cut on top of his head." - "Residential Manager took [Client #1] to the urgent care. [Client #1] was given a antibiotic cream for his small cut. [Client #1] told the doctor he dropped the hanger for his coat then tripped on it and fell. Residential Manager talked to [Client #1] about safety and keeping things picked up and off his floor. Also spoke with [Director of Program Services] about safety for [Client #1]. <p>Interview on 11/6/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - She wasn't sure if anything was in his treatment plan to address Client #1's falls - Client #1 falls often. Sometimes he has a seizure and sometimes he falls if he rushes. "What I do is try to prompt him to take his time." <p>Interview on 11/6/18 with The House Manager revealed:</p> <ul style="list-style-type: none"> - They were in the process of trying to get a bedside commode. - There was nothing in Client #1's treatment plan 	V 112		

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V 112	<p>Continued From page 11</p> <p>to address his falls. He had falls due to seizures, but he hasn't fell this much until recently.</p> <ul style="list-style-type: none"> - They were working on getting an overnight awake staff <p>Interview on 11/8/18 with Qualified Professional (QP) #2 revealed:</p> <ul style="list-style-type: none"> - She did not see strategies in Client #1's treatment plan to address his falls - They were working on getting him a bedside commode - They were looking into adding an awake staff at night <p>Review on 11/9/18 of the Plan of Protection dated 11/9/18 written by The Director of Program Services revealed:</p> <p>"What immediate action has been put in place or will be put in place by UMAR to ensure the safety of resident's in the Christ Church home? In accordance with UMAR Policies and Procedures, the following steps have been put in place:</p> <ul style="list-style-type: none"> 7) UMAR will amend UMAR Emergency Procedures to align with the American Red Cross training that is given to ensure DSP (staff) is clear about the emergency procedures. 8) New goal has been implemented on November 9, 2018 with Guardian's consent for his safety in the home. <ul style="list-style-type: none"> a. [Client #1] will ask for assistance from staff regarding mobility to ensure health and safety to reduce the risk of falls. Task Analysis will identify specific methods that will be utilized to request assistance. [Client #1] will press a button on the monitor, ring a bell, or call for assistance when needed. 9) A nightlight and a monitoring device for sound in [Client #1] room with the approval of the 	V 112		

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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
V 112	<p>Continued From page 12</p> <p>Human Rights Committee Chairperson. The monitoring device sound system placed in the Live-in bedroom / office area. Live-ins hearing him move around will get up to check on him and provide assistance if needed.</p> <p>10) A staff member will be scheduled every night from 10 pm to 6 am for additional supervision beginning on November 9, 2018.</p> <p>11) UMAR Management Team met on November 9, 2018 and recommends transition for [Client #1] to a residential home that provides 24 hour awake staff to ensure appropriate clinical setting.</p> <p>12) Log was put in place on November 9, 2018 through the Electronic Health Record (EHR) system to record the nighttime activities of [Client #1] for his safety.</p> <p>B. UMAR will implement plans to make sure the above happens by:</p> <p>7) The UMAR Emergency Procedures will be revised to align with American Red Cross by November 15, 2018. At the upcoming managers meeting on November 15, 2018, the training coordinator, and UMAR Residential Director will train all home managers and QP's on the revised Emergency Procedures.</p> <p>8) The new safety goal will be reviewed with [Client #1] support team as soon as can be scheduled and implemented by the interim QP or UMAR Director. Procedures for care and support will be provided to all Christ Church staff members.</p> <p>9) Live-ins will check monitoring devices and night light daily to be sure safety equipment is in operation at all times. Live-ins will notify management of any problems or concerns. Manager will check monitoring device and night light one time a week to be sure fully operational at all times.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1060-568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2018
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NAME OF PROVIDER OR SUPPLIER CHRIST CHURCH	STREET ADDRESS, CITY, STATE, ZIP CODE 6434 THERMAL ROAD CHARLOTTE, NC 28211
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V 112	<p>Continued From page 13</p> <p>10) UMAR Director, QP, and/or Quality Management and Training Director will review the procedure of revising goals and crisis plans for participants when a negative safety trend is identified with a participant with ALL UMAR QP's and the Christ Church QP upon return from maternity leave. Emphasis of continued training with QP's on treatment planning procedures and plan revision triggers when residents have a significant change or incident. Training will also include linking safety information from treatment plans to the crisis plan, participant goals, and instructions for staff.</p> <p>11) ALL UMAR QP's will understand the triggers for goal revisions and the expectation to respond quickly to incidents and accidents through plan revisions or modifications. An email will be sent to all UMAR QP's reviewing the expectation of ensuring the ISP/PCP aligns with the treatment plan/goals and strategies. Also, reviewing when goal revisions are necessary.</p> <p>12) Log Management: Beginning November 9, 2018, live-in staff will document night time activities every hour and immediately report concerns or incidents to Home Manager or QP. The Home Manager will check logs at least one time each week for completion and accuracy. The Home Manager will notify Management with any concerns with documentation in EHR logs."</p> <p>Client #1 is a 43 year old male diagnosed with Mild Mental Retardation, Dementia due to Rasmunson's Disease and Brain Trauma, Seizure Disorder and Psychotic Disorder. Client #1 is prone to falls, uses a cane to walk and wears an orthopedic brace. On 8/1/18, when awoken by staff, he was found with blood on his face as well as blood in his bedroom, hallway and bathroom that resulted from a fall during the</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2018
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V 112	Continued From page 14 middle of the night. Later that day, he was taken to Urgent Care and had to receive sutures. On 11/1/18, Client #1 fell in his room and was taken to Urgent Care and treated for a small cut on top of his head. In spite of Client #1's fall risk due to his unsteady gait and seizure disorder, there were no strategies and staff responsibilities to effectively address his falls and this was detrimental to the health, safety and welfare of the client. This constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 112		