

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2019
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NAME OF PROVIDER OR SUPPLIER THE WE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 WYNNBROOK DRIVE HENDERSONVILLE, NC 28792
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 14, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Adults of All Disability Groups-Alternative Family Living.</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 observation, record review and interviews the facility failed to develop and implement goals and strategies to address the behaviors effecting 1 of 1 client (#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5602 Staff (V290) Based on record review and interviews the facility failed to assess and document in the treatment plan the client's capability for unsupervised time in the home and community for specified periods of time, effecting 1 of 1 client (#1).</p> <p>Record review on 1/10/19 for Client #1 revealed: -Admitted 12/6/18 with diagnoses of Moderate Intellectual Disability, Schizoaffective Disorder, Anxiety Disorder, Autism, and Muscular Dystrophy. -Application for services indicated that Client #1 could be unsupervised indoors or outdoors and could independently plan her leisure time. -Psychological assessment completed on 11/6/15 indicated " ...she (Client #1) has limited social comprehension, which influences her ability to form and maintain appropriate interpersonal relationships ...[Client #1] is a vulnerable individual who has experienced pervasive psychological trauma ...because of [Client #1's] social vulnerability, it appears that she has been an easy target for a wide variety of psychological trauma ...psychological assessment shows clear evidence of problems with moderate intellectual disability with poor social insight and problems with social judgement ..."</p> <p>Review on 1/10/19 of the treatment plan dated</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>11/30/19 for Client #1 revealed: -Goals for Client #1 included " ...[Client #1] will deal with her frustrations in an appropriate manner ...will work on adapting and using a budget ...will work on bettering her reading and writing skills ...will become more integrated in her community by volunteering at local organizations for minimum of 60 minutes once per month ...improve her health by learning how to plan and prepare healthy meals ...increase and maintain her health by participating in various forms of physical exercise ...learn/participate basic housekeeping task in order to build her daily living skills ..."</p> <p>-No goals or strategies to address her use of the internet to ensure her protection from exploitation. -No goals or strategies had been added to the treatment plan following the incident to indicate supervision during internet use or efforts to educate Client #1 about possible internet scams. -No goals or strategies to address the care and maintenance of Client #1's permanent catheter.</p> <p>Review on 1/10/19 of incident reports for 12/2018-1/2019 revealed: -On 12/31/18 " ...[Client #1] went out an walked several times yesterday the last time she came back she said when went to the store which is around the block on a busy road. We have told her in the past NOT to go on that road to stay on our street. This evening [Client #1] came to me and said I have to confess something. Yesterday when I went to the store I took money from your back room and got a card to send to a guy on the internet. It was today she let me know this; she also at that time let me know she fell when she went to the store on the grass coming back home. There were no abrasions but she did have soreness in her Right ankle ..."</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>Interviews on 1/10/19 and 1/11/19 with the AFL (alternative family living) providers revealed:</p> <ul style="list-style-type: none"> -Client #1 was her own guardian. -Client #1 walked up and down the street on her own and had 2 friends that she would visit. -Her treatment plan indicated that she had unsupervised time. -Client #1 had a permanent catheter and with prompts or personal care assistance helped her keep it clean and changed daily. -Client #1 had a history of being exploited for money by other people. -She had received a settlement of \$7000.00 and given half of it away. She had also run up credit card debt in the past due to exploitation by others. Additionally, she had sent money to someone she knew when placed in a former facility. -Client #1 "doesn't have good judgment." -"Her impulse control is so bad." -Following the incident they made an agreement with Client #1 that she would never go to the store alone. They discussed her internet usage and she voluntarily gave up her cell phone and no longer used it. -She used the house phone for any calls. -They were working with her on how to know "who is real and who isn't." -She stilled walked for 15 minute intervals up and down the street in front of the home within eyesight. -The cell phone was going to be disconnected on 1/17/19. -One of them was going to become her Representative Payee and manage her funds. -If Client #1 accessed the internet it was under their supervision only. <p>Interview on 1/11/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -An application for services was completed just 	V 112		

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V 112	<p>Continued From page 4</p> <p>prior to her authorization for services on 10/31/19. She completed the treatment plan after that prior to admission while waiting on funding to be approved for Client #1.</p> <ul style="list-style-type: none"> -The Care Coordinator had added the statement in the treatment plan that indicated Client #1 had demonstrated the ability to be unsupervised in the community for short intervals of time. -The Care Coordinator had indicated that Client #1 would send money to strangers on the internet. -A friend of Client #1 had indicated that Client #1 would run up credit card bills and felt that Client #1 needed a guardian or a power of attorney. She was willing to serve in some capacity to assist Client #1. -Client #1 was easily exploited by people that she befriends. -Efforts had been made in the home to get her focused on other activities and on management of her money. The plan in process was to have either a guardian or power of attorney in place as well as a representative payee for her income. -She had added a goal to the treatment plan to help Client #1 budget her money. -The treatment plan did not indicate the specified time of unsupervised time. -Care of the catheter had not been added to the treatment plan. <p>Review on 1/14/19 of the Plan of Protection signed and dated 1/14/19 by the Qualified Professional revealed: "The immediate actions that have taken place to correct the rule violation 10A NCAC 276.0205 Assessment and Treatment/Habilitation or Service Plan to protect the client from further risk or additional harm is as follows: " Meeting held with the consumer, AFL Operator/Staff, Potential POA for consumer, QP,</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Program Manager and Staff from licensee office took place prior to this date to discuss the needs of the consumer. In this meeting it was discussed consumer relinquishing all of her credit cards, debit cards and other means of funding to the AFL Operator. The consumer voluntarily surrendered these items in addition to a credit card she held in her wallet. It was discussed during this meeting that consumer and AFL Operator would visit the Social Security office for the Payee application process to take place. Prior to the transfer of Payee consumer agreed to allow her funds to be managed by the AFL Operator.</p> <p>" It has been determined that more supervision is needed for this consumer due to actions that have taken place in the community. QP discussed with the AFL Operators that until a better assessment can be completed the consumer is only allow to take her walks outside as long as she remains in sight of the AFL staff. For no reason is she to be unsupervised in the community. This took place on 1/11/2019 via phone conversation.</p> <p>" QP during the week of 1/14/19 will focus on spending time with the AFL operators and consumer to determine the ability of the consumer to have free/unsupervised time and what the parameters of this will be allowed. Once this is completed changes to the Care Plan will take place and be implemented. This will be completed by 1/18/19.</p> <p>To insure that the above happens the QP will perform visits and interviews with Consumer, AFL Operator and Potential POA to determine the amount of supervision needed for this consumer and what unsupervised free time if any will be allow. QP will them revise the current Care Plan and implant any changes needed. QP will then</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>monitor once per week for one month and if everything is running smoothly monitor this during her monthly monitoring of the AFL."</p> <p>Client #1 had been a victim of exploitation in her past. Multiple times Client #1 gave money away to people she knew or strangers on the internet. She had lost thousands of dollars and accrued large debt. The facility admitted her with this understanding but failed to assess her capability for unsupervised time in the community. Within the first month, Client #1 was convinced by a stranger on the internet to send him iTunes cards that she purchased with money she stole from her caregivers. In order to accomplish this she walked on her walker down a busy two lane road to a local store. The providers had no idea she had gone to the store until she returned. No strategies were indicated in the treatment plan around her access to the internet and the plan did not specify her capability to be alone in the community or for what intervals of time she could be unsupervised. The plan failed to address the daily assistance Client #1 needed with her permanent catheter. Furthermore, the facility failed to update the treatment plan to ensure her supervision and safety following the incident. These failures were detrimental to Client #1's safety and welfare and constitute a Type B rule violation. If the violation is not corrected within 45 days, and administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>(c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications were administered as ordered and failed to ensure MARs were current for 1 of 1 client (#1). The findings are:</p> <p>Observation on 1/10/19 at 12:46PM of the</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>medications for Client #1 revealed: -Clonidine .1mg dispensed 12/12/18. -Clonazepam .5mg dispensed 12/12/18. -Paliperidone 6mg, dispensed 12/4/18. -Trazodone 150mg dispensed 10/17/18. -Tizanidine 2mg, dispensed 12/14/18. -Venlafaxine 150mg and 75mg, dispensed 12/12/18. -Saphris 10mg, dispensed 10/24/18. -Montelukast 10mg, dispensed 12/11/18. -Azelastine .15% solution, dispensed 7/7/18. -Breo Ellipta 200-25 mcg, dispensed 10/10/18.</p> <p>Record review on 1/10/19 for Client #1 revealed: -Admitted 12/6/18 with diagnoses of Moderate Intellectual Disability, Schizoaffective Disorder, Anxiety Disorder, Autism, and Muscular Dystrophy. -Physician's orders dated 12/12/18 for Clonidine .1mg at bedtime; Clonazepam .5mg twice daily; Paliperidone 6mg, two daily; Trazodone 150mg at bedtime; Venlafaxine 150mg daily; Venlafaxine 75mg daily; and Saphris 10mg, two at bedtime. -Physician's order dated 12/11/18 for Tizanidine 2mg, three at bedtime. -The electronic order for Montelukast dated 12/11/18 was not signed by the physician. -The electronic order for Azelastine dated 6/4/18 was not signed by the physician. -No physician's order for Breo Ellipta.</p> <p>Review on 1/10/19 of the 12/2018 and 1/2019 MARs for Client #1 revealed: -Administration of Clonazepam, Venlafaxine (150mg and 75mg) started on 12/7/18 prior to the written physician's order. - Administration of Paliperidone, Tizanidine, Clonidine, Saphris, and Trazodone started on 12/6/18 prior to the written physician's order. -Daily administration of Montelukast began on</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>12/6/18 without a signed order. -Azelastine was administered as needed during the month of December 2018 without a signed order. - Daily administration of Breo Ellipta began on 12/7/18 without a signed order.</p> <p>Interview on 1/10/19 with Client #1 revealed: -She indicated that she had been on a very large drug regimen for approximately 2 years. -Her only new medication was Lamictal. -She was very familiar with her medications and received them daily as prescribed.</p> <p>Interview on 1/10/19 with the AFL (alternative family living) provider revealed: -She was admitted from another AFL and there was difficulty obtaining the orders for her medications. -She had a lot of medications and they were disorganized. -The previous facility sent her MAR but no orders. -They knew she needed orders and arranged her psychiatric appointment for 12/12/18. That is when they were able to obtain the orders for the psychotropic medications. -She had another appointment scheduled for next week to see a primary care physician. -They used the previous MAR, labels and confirmation by Client #1 about her medication administration until they could receive the orders.</p> <p>Interview on 1/11/19 with the Qualified Professional revealed: -Client #1 had been in the hospital prior to admission and they had discharge paperwork from the hospital. This paperwork included all current medications but had no physician signature. -She assumed that the providers had the signed</p>	V 118		

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V 118	Continued From page 10 orders. -She conducted monthly oversight of medications. She had not yet conducted the visit for January and had not identified the orders that were not signed.	V 118		
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 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	V 290		

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V 290	<p>Continued From page 11</p> <p>need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to assess and document in the treatment plan the client's capability for unsupervised time in the home and community for specified periods of time, effecting 1 of 1 client (#1). The findings are:</p> <p>Review on 1/10/19 of incident reports for 12/2018-1/2019 revealed: -On 12/31/18 " ...[Client #1] went out an walked several times yesterday the last time she came back she said when went to the store which is around the block on a busy road. We have told her in the past NOT to go on that road to stay on our street. This evening [Client #1] came to me and said I have to confess something. Yesterday when I went to the store I took money from your back room and got a card to send to a guy on the internet. It was today she let me know this; she also at that time let me know she fell when she went to the store on the grass coming back home. There were no abrasions but she did have</p>	V 290		

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V 290	<p>Continued From page 12</p> <p>soreness in her Right ankle ..."</p> <p>Observation on 1/11/19 at 4:00PM of the distance from the home to the local store revealed: -The home was located on a dead end street approximately .1 of a mile from the stop sign at the end of the street that connected to the other two lane road. -The distance between the home and the local store was .2 miles. -The road where the local store was located was a two lane road with no sidewalks. On both sides of this road it was grassy and sloped downward.</p> <p>Record review on 1/10/19 for Client #1 revealed: -Admitted 12/6/18 with diagnoses of Moderate Intellectual Disability, Schizoaffective Disorder, Anxiety Disorder, Autism, and Muscular Dystrophy. - No documentation to indicate that an assessment had been completed to determine Client #1's capability for unsupervised time.</p> <p>Review on 1/10/19 of the treatment plan dated 11/30/19 for Client #1 revealed: -The only information in the treatment plan to indicate Client #1's capability to be in the home or community unsupervised was " ...[Client #1] is her own guardian and has demonstrated that she can be out in the community independently for short intervals of time ..." -The treatment plan did not indicate specified periods of time that Client #1 could be unsupervised in the home or community.</p> <p>Interview on 1/10/19 with Client #1 revealed: -She stated that she had a goal that she could be alone for 3 hours. -She had been scammed for money three times in the past.</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2019
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NAME OF PROVIDER OR SUPPLIER THE WE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 WYNNBROOK DRIVE HENDERSONVILLE, NC 28792
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V 290	<p>Continued From page 13</p> <ul style="list-style-type: none"> -She had a smart phone that she used to access the internet. She met a guy on line but didn't really know if he was real. -She walked to the local store and bought I tunes cards and then sent him pictures of the cards and receipt. After she sent him that information she threw the I tunes cards in the trash. -She walked with the assistance of her walker on the main road. She did not fall but indicated that she twisted her ankle. -She indicated that she had been told by her caregivers not to go on the main road and that they did not know she had gone until she was back. -She estimated that she was gone about an hour. -She no longer used the internet unless the caregivers looked something up for her. -She no longer had her cell phone. -She continued to walk independently but stayed on the road where the home was located. <p>Interviews on 1/10/19 and 1/11/19 with the AFL (alternative family living) providers revealed:</p> <ul style="list-style-type: none"> -She stole \$75.00 from them and went to the local store and sent a money order to someone she had met online. She told them that day she was going out for a walk. -She was gone approximately 30 minutes. Initially she told them that she fell in the grass on her way back but later recanted and said she never fell only twisted her ankle. -Prior to this incident she had a cell phone with an unlimited data package. She also had downloaded apps that would allow her to receive international calls. -They indicated that Client #1 would be capable of being unsupervised in some situations but not all and not for long periods of time. -Client #1 "doesn't have good judgment." -"Her impulse control is so bad." 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2019
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NAME OF PROVIDER OR SUPPLIER THE WE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 WYNNBROOK DRIVE HENDERSONVILLE, NC 28792
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V 290	<p>Continued From page 14</p> <p>Interview on 1/11/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Client #1 "presented well when she was admitted." -She had met with Client #1 twice and had observed her to be capable of doing things on her own. -The previous AFL allowed her to be unsupervised and would drop her off at the mall. -No assessment had been conducted to determine her capability for unsupervised time. -On the date of the incident Client #1 went out for a walk. The providers assumed that she had stayed on their road. -This was an isolated incident. -Following the incident there was a meeting conducted to address what had happened. Client #1 made an agreement to not send any more money to strange men, to work on a budget, no internet use and voluntarily gave her cell phone to the providers. The plan was to have her cell phone disconnected. <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type B rule violation and must be corrected within 45 days.</p>	V 290		