

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/28/2019
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NAME OF PROVIDER OR SUPPLIER GLEN FOREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5117 GLEN FOREST DRIVE RALEIGH, NC 27612
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed 1/28/19. Intake # 00143097 was unsubstantiated. A deficiency was 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 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(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</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure one of three (#1) clients services were coordinated with her employer. The findings are:</p> <p>Observation on 1/17/19 at 10:35 AM client #1 was standing at the door with her bags, packing back and forth in the home and appeared very agitated.</p> <p>Review on 1/17/18 of client #1's record revealed: -Admission date of 7/26/97. -Diagnose of Autism and Mild Intellectual Disability.</p> <p>Interview on 1/17/19 client #1 stated: -She is waiting on her ride to go to work. -She is "late." -She is supposed to be at work at 10:30 AM.</p> <p>During interview on 1/17/19 The Qualified Professional (QP) stated: -Just arrived to the home prior to surveyor and found client #1 waiting at the door for the home manager. -The home manager is to be at work at 9:00 am and she was supposed to take client #1 to her job at 10:30 AM. -Client #1 worked at an assisted living facility two hours a day 2-3 days a week. -Was not aware the home manager was not working this morning until she arrived. -Very upset because client #1 is clearly agitated because she is late.</p>	V 291		

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> -This has been on going for a while with this home manager and they are taking steps to address this. -Had placed the home manager on a 90 day probation a few weeks ago because she had not performing her job duties as required. -Planned to call client #1's employment to see how often she is coming to work late, "this is unacceptable." <p>Observation on 1/17/19 at 11:05 AM, the home manager arrived to take client #1 to work, she stated she had "car trouble" and client #1 could still go today, she gets off at 12:30 PM.</p> <p>Review on 1/22/19 of Employee Performance Review dated 11/29/18 for the home manager revealed:</p> <ul style="list-style-type: none"> -"Not performing job duties...placed on a 90 day probation period." <p>Further interview on 1/28/19 the QP stated:</p> <ul style="list-style-type: none"> -Meeting today to review job performance with the home manager. -They will be presenting her with options, but she will not longer continue as the home manager. 	V 291		