

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-245	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/21/2019
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NAME OF PROVIDER OR SUPPLIER MOORE STREET RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WEST MOORE STREET GREENVILLE, NC 27834
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on February 21, 2019. 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 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> <ol style="list-style-type: none"> (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 provider stating why such consent could not be obtained. 	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 record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2 and #3). The findings are:</p> <p>Observation on 02/19/19 at approximately 8:55am revealed Staff #5 was at the facility with client #1, #2 and #3. No other staff were present at the facility.</p> <p>A. Review on 02/20/19 of client #2's record revealed: - 26 year old male. - Admission date of 10/16/14. - Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Epilepsy. - FL- dated 09/24/18 identified an inappropriate behavior of wandering.</p> <p>Review on 02/21/19 of an "Update to Individual Support Plan (ISP)" for client #2 dated 02/11/19 revealed: - "Based on what is happening in my life, what needs to change now?...At times my living situation does not work for me because I like one on one attention my from support staff and I live in a 3 person group home..." - "Long Range Outcome: I will be healthy and safe...I need my supports to provide full supports to me in my home and community because I will leave my home without letting my staff knows in advance when I get upset. I sometimes act without thinking. Because I will elope my provider has requested 2 on 1 staff during the hours I am awake in the afternoons..."</p> <p>B. Review on 02/20/19 of client #3's record</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - 58 year old male. - Admission date of 01/19/13. - Diagnoses of Schizophrenia, Seizure Disorder, Hypothyroidism, Hypertension Moderate IDD and Diabetes Mellitus. <p>Review on 02/20/19 of client #3's ISP dated 06/01/18 revealed:</p> <ul style="list-style-type: none"> - "What's Important To Me...?...I need 1:1 supervision due to my unstable behaviors..." - "Long Range Outcome: I will manage my anger and frustration...I require close supervision..." <p>Interview on 02/19/19 staff #5 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for approximately 4 months. - She worked 1st shift, Monday thru Friday. - Client #2 would walk away from the facility at times and visit a previous staff that lived across the street. <p>Interview on 02/20/19 the Facility Director and Clinical Director stated:</p> <ul style="list-style-type: none"> - One staff worked at the facility per shift. - They would follow up to ensure the ISP's for Client #2 and #3 were correct. 	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 02/20/19 of facility records from January 2018 thru December 2018 revealed:</p> <ul style="list-style-type: none"> - No fire or disaster drills documented on 3rd shift for the second quarter of 2018. - 09/18/18 - No documented time of the fire drill. - 09/19/19 - No documented time of the disaster drill. - No fire or disaster drills documented on 2nd or 3rd shift for the third quarter of 2018. - No fire drill documented for 2nd shift in the fourth quarter of 2018. <p>Interview on 02/19/19 the Residential Director stated:</p> <ul style="list-style-type: none"> - 1st shift was 8am to 4pm. - 2nd shift was 4pm to 12 midnight. - 3rd shift was 12 midnight to 8am. - The weekend shift was 8am to 8pm and 8pm to 8am. - Staff should be completing drills on each shift. <p>Interview on 02/21/19 an Administrative Staff stated they were aware fire and disaster drills were to be completed quarterly and repeated on</p>	V 114		

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V 114	Continued From page 4 each shift.	V 114		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 02/19/19 at approximately 9:30am revealed:</p> <ul style="list-style-type: none"> - Client #1's bedroom revealed bits of paper and debris scattered throughout the carpet. - Client #2's bedroom revealed revealed bits of debris scattered throughout the carpet. - Client #3's bedroom revealed a baseball sized hole and a golf ball sized hole in the wall. - The 1st floor bathrrom revealed an empty mirror frame above the sink and a baseball sized hole in the wall. The wall near the light switched revealed an approximately 12 inch by 12 inch unpainted plastered area. - The bathroom upstairs revealed a broken commode seat. <p>Interview on 02/19/19 the Quailfied Professional stated the mirror above the bathrrom sink had been broken since September 2018.</p>	V 736		

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V 736	Continued From page 5 Interview on 02/21/19 the Administrative staff did not have any additional questions regarding items identified at exit. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 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. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. 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: Observation on 02/19/19 at approximately 9:30am revealed: - The downstairs bathroom utilized by client #1 and client #3 had a temperature of 120 degrees Fahrenheit. - The upstairs bathroom utilized by client #2 had temperature of 120 degrees Fahrenheit. Interview on 02/21/19 the Administrative Staff indicated they were aware the water temperature was required to be between 100 degrees	V 752		

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V 752	Continued From page 6 Fahrenheit and 116 degrees Fahrenheit. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 752		