


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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(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>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> <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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **QA CEO** (X6) DATE **3-7-19**

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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	<p>V112: Contact has been made with assigned Care Coordinator to adjust ISP to reflect current staffing needs for individual in above noted home. See emails and responses are attached to this POC.</p> <p>When Plans are received QP will review to ensure that it accurately reflect the individual's staffing needs. QP will document reviewing of the plan in a collaborative note in Therap.</p>	4/22/19

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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: - 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> <p>Interview on 02/19/19 the Residential Director stated: - 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> <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	<p>V114: A drill submission form with drills assigned per shift has been developed for each quarter, site name and type of drill for each month with Residential Director's Signature. Drills and submission form will be submitted to Clinical Director during agency's monthly staff meeting (5th of each month). Clinical Director will ensure that drills cited for each month is completed. See attached form.</p>	4-22-19
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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: - Client #1's bedroom revealed bits of paper and debris scattered throughout the carpet. - Client #2's bedroom 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 bathroom 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> <p>Interview on 02/19/19 the Quailfied Professional stated the mirror above the bathroom sink had been broken since September 2018.</p>	V 736	<p>V736: RD will complete weekly household chore assignment checklist throughout this POC and effective May 2019, RD will complete monthly household chore assignment checklist to ensure facilities and grounds are kept safe, clean, attractive and free from offensive odor.</p> <p>Maintenance staff will complete/repair holes in wall and replace spot in which mirror hung on wall in bathroom. Unpainted areas will be painted. Commode seat will be replaced.</p>	4-22-19

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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	<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 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>Observation on 02/19/19 at approximately 9:30am revealed:</p> <ul style="list-style-type: none"> - 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. <p>Interview on 02/21/19 the Administrative Staff indicated they were aware the water temperature was required to be between 100 degrees</p>	V 752	<p>V752: Maintenance has adjusted hot water heater in order that temperature reads between 100-116 degrees effective 2-22-19.</p> <p>RD will check hot water temperatures in various areas of the home weekly throughout this plan of correction. See attached form.</p> <p>RD will complete monthly checks and note on monthly household check sheets in the future.</p> <p>Residential Director is to submit household check list in planned staff meetings each month.</p>	<p>2-22-19</p> <p>3-23-19</p>

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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		

HOUSECHECK/HABILITATION CHECKLIST

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Outside Appearance					
Gutters (if applicable)					
Ground free of debris/trash					
Paint/Exterior condition					
Lawn grained					
Garbage covered and appropriate distance from home					
Gas/Charcoal grill clean and safety stored					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Common Area					
Furniture - Cleanliness and Repairs					
Walls - Cleanliness and Repairs					
Windows - Cleanliness and Repairs					
Floors - Cleanliness and Repairs					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Kitchen					
Cleanliness					
Appliances in working order					
Refrigerator/Freezer temps current and WNL					
Range/Oven clean and functional					
Microwave clean and functional					
Cold/Frozen food dated and within date (license facility)					
Pantry food dated and within date (license facility)					
Other equipment functional					
Dishes/cooking utensils, enough, clean and put away					
Storage equipment					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Bathrooms					
Tub/showers-cleanliness and repair					
Commode -cleanliness and repair					
Basin - cleanliness and repair					
Leaking Faucets, Drips, Plumbing issues					
Clothing Hamper					
Towels- Clean and Hung Neatly					
Supplies- Soap, Towels, Cups, etc.					

Fwd: RE: Plan corrections needed

dgorham@betterconnectionsinc.com



- ?
- ?
- ?
- ?

John Williams <jwilliams@betterconnectionsinc.com>
Sat 3/2/2019 12:55 PM
dgorham;
Robin Snead
@

----- Original Message -----

Subject: RE: Plan corrections needed
Date: 2019-02-25 09:15
From: Lexzine Bryant <Lexzine.Bryant@trilliumnc.org>
To: John Williams <jwilliams@betterconnectionsinc.com>
Cc: Gregory Campbell <Gregory.Campbell@trilliumnc.org>, Evern Batchelor <Evern.Batchelor@trilliumnc.org>

Ok, thanks

-----Original Message-----

From: John Williams <jwilliams@betterconnectionsinc.com>
Sent: Thursday, February 21, 2019 3:51 PM
To: Lexzine Bryant <Lexzine.Bryant@trilliumnc.org>
Cc: Gregory Campbell <Gregory.Campbell@trilliumnc.org>; Evern Batchelor <Evern.Batchelor@trilliumnc.org>
Subject: Re: Plan corrections needed

Please look at page 15 of the 6/1/18 revision, it actually says 2:1 staffing is being requested for A.S.

-02-21 14:25, Lexzine Bryant wrote:

- > I do not see this information in the current ISP effective 6/1/18,
- > please indicate where information is located in correct ISP. Thanks
- >
- >
- > FROM: jwilliams@betterconnectionsinc.com
- > <jwilliams@betterconnectionsinc.com>
- > SENT: Thursday, February 21, 2019 10:33 AM
- > TO: Lexzine Bryant <Lexzine.Bryant@trilliumnc.org>; Gregory Campbell
- > <Gregory.Campbell@trilliumnc.org>
- > CC: Evern Batchelor <Evern.Batchelor@trilliumnc.org>
- > SUBJECT: Plan corrections needed
- >

> This message was sent securely using Zix® [1]

>

> Good morning,

>

> We are currently going through a DHSR review at several of our
> homes, the reviewer noted that plan states that he has 1:1 staffing.
> [REDACTED] receives a special rate to provide 1;1 staff from 4 pm to 10
> pm only. We need this corrected immediately for clarification for the
> state reviewer. Thank you for your attention to this issue. Greg, we
> have the same issue with [REDACTED] plan, it states 1:1 staffing at all
> times. He does not receive a special rate nor 1:1 staffing. Please
> correct this immediately for clarification for the reviewer. Thank you
> for your assistance.

>

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> Links:

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> [1] <http://www.zixcorp.com/get-started/>

> [2] <http://www.zixcorp.com>

--

John Williams, CFO

Better Connections, Inc.

315 Clifton Street

Greenville, NC 27858-5009

P O Box 3381

Greenville, NC 27836

(office) 252 814 2118 (fax) 252 689-6013 Serving MH/DD/SAS Population

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John Williams, CFO
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Greenville, NC 27858-5009
P O Box 3381
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Serving MH/DD/SAS Population
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DRILL SUBMISSION FORM FOR MOORE STREET: POC 2-19-19

Instructions: Run each drill on the designated shift per month. Attach this form to all drills submitted on monthly basis.

January 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

February 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

March 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

April 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

May 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

June 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

July 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

August 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

September 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

October 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

November 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

December 2019

Fire Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

Disaster Drill		1 ST Shift		2 nd Shift		3 rd Shift
Date of Drill						

RD's Signature: _____

HOUSECHECK/HABILITATION CHECKLIST

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Bedroom # 1					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					
Floors- Cleanliness and Repairs					
Doors- Cleanliness and Repairs					
Window coverings- Cleanliness and Repairs					
Heating/Air Vents clear					
Placement of Pictures/Posters/Decor					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Bedroom # 2					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					
Floors- Cleanliness and Repairs					
Doors- Cleanliness and Repairs					
Window coverings- Cleanliness and Repairs					
Heating/Air Vents clear					
Placement of Pictures/Posters/Decor					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Interior Bedroom # 3					
Furnishings- Cleanliness and Repairs					
Walls- Cleanliness and Repairs					
Windows- Cleanliness and Repairs					
Floors- Cleanliness and Repairs					
Doors- Cleanliness and Repairs					
Window coverings- Cleanliness and Repairs					
Heating/Air Vents clear					
Placement of Pictures/Posters/Decor					

	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Universal Precautions					
Sharps container less than 2/3 full and properly stored					
Bio-Hazard bags available (if applicable)					
Latex Gloves (or non-latex) available					
Hand Soap or sanitizer present					
Absorbent litter available for spills					
Chemical Storage and Use					

HOUSECHECK/HABILITATION CHECKLIST

Cleaning supplies in original labeled containers					
Gloves used when working with toxic chemicals					
Chemicals storage area secure/locked					
Chemicals stored away from food					

General	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Heating/Air Working					
Filters dated and change monthly or quarterly					
Dryer unit functional and vent clear of lint					
GFCI outlet working					
Electrical outlets covered					
Extension cords within safety parameters					
Lamps/Light fixtures functional					
Spare light bulbs in stock or available					
Handicap evacuation plan present (if applicable)					
Evacuation plan posted					

Safety/hazardous conditions	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Hallways/ traffic areas free from clutter					
Doors well hinged and functional					
Door and windows locks in good repair and engaged					
Room temperature appropriate					
Floor free from spills and clutter					
Storage areas neat					
Note hot water temperature each sink (100-116 degrees)					

Test or Check the following	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Exit light above doors					
Smoke detectors functional					
Fire alarm sounded and Fire Drill appropriate					
Security Alarm Functioning (if applicable)					
Exterior lights functional					
Fire Extinguishers current					
First aid Kit available					

MAR Book	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments

HOUSECHECK/HABILITATION CHECKLIST

The MAR Contains the name of consumer					
MAR Contains the name of each medication					
Order are transcribed identical to the original order					
MAR contains the dose or strength of each medication					
MAR List the route of each medication					
MAR list the frequency of each medication					
The MAR list the time of each medication					
MAR list allergies of each consumer					
MAR is completed in black ink					
Each date has the staff initials					
Drug count sheet matches the actual medication					
Control medication is double lock					
Refrigerator medication is in a lock box					
No medication has expired/expired medications removed					
Current doctor order for all medications					
Keys to Medication closet are kept in a secure area					
Internal Medication is separate from External Medication					
Medication container and storage area is clean and neat					
Immunization record present					
Diet recommendations followed					
Health tracking records present and current (BS, BP, Stool, Menstrual, etc. in EMR)					
Consultations form are current in EMR					
Annual exam is up to date (dental, eye, physical, breast, etc.)					
Lab work current					

Hab Book	Exemplary	Satisfactory	Unsatisfactory	N/A	Comments
Progress notes/grid sheets updated in Therap					
Current plan in book					
Data sheets are completed daily					
Face sheet updated					
Consents are up to date					
Assessments completed					

Residential Director's Signature/Date: _____ Submitted to: _____