

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-813	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/20/2019
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NAME OF PROVIDER OR SUPPLIER RAINBOW OF SUNSHINE 1	STREET ADDRESS, CITY, STATE, ZIP CODE 4661 PENNYSTONE DRIVE FAYETTEVILLE, NC 28306
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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	INITIAL COMMENTS An annual and follow-up survey was completed on March 20, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;	V 521		

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

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V 521	<p>Continued From page 1</p> <p>(G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting one of two clients (#2). The findings are:</p> <p>Review on 03/19/19 of client #2's record revealed: - 44 year old male. - Admission date of 12/06/16. - Diagnoses of Moderate Mental Retardation, Conduct Disorder, Impulse Control Disorder, Schizophrenia and Seizure Disorder.</p> <p>Review on 03/19/19 of a handwritten note signed by staff #2 and dated 1/18/19 at 11:50am revealed: - "...Client (#2) became more aggitated and continued shoving the window blinds out of his way ending with the blinds swinging back and scratching his upper left cheek. As staff (#2) approached the window to secure it client charged at staff and attempted to remove staff from the window. Staff used NCI (North Carolina Interventions) training to redirect client from the window and calm down repeatedly. Client started to bang on window to cause property damage. Client was placed in a therapeutic hold for 5 mins (minutes) and repeatedly asked to calm down</p>	V 521		

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V 521	<p>Continued From page 2</p> <p>and lets talk. Client calmed down physically but continued to be verbally aggressive with staff."</p> <p>Review on 03/19/19 of facility records from January 2019 thru the present revealed no documentation required when a restrictive intervention is used on a client.</p> <p>Interview on 03/20/19 the Licensee and Qualified Professional indicated they understood specific documentation was required when a restrictive intervention was utilized at the facility to include a description of the debriefing and planning with the client and the legally responsible person.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 521		
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 observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 03/19/19 at approximately 9:00am revealed: - The kitchen revealed a refrigerator with a broken handle. The inside of the cabinets</p>	V 736		

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V 736	Continued From page 3 revealed debris and food particles scattered throughout the surface. The air conditioner above the sink had debris and dead insects on the top. - The living room revealed two holes in the closet hollow core door. An approximately 8 inch by 8 inch and an approximate 4 inch by 4 inch white unpainted plastered area. - The hallway bathroom revealed 2 of 4 light bulbs were missing above the sink. The left side of the tub had a damaged area of sheetrock. The tub had orange colored stains on the surface. - Client #1's bedroom revealed 2 handles missing from the dresser. The window blinds had 2 broken blinds. The bedside table revealed a thick layer of dust on the surface. - Client #2's room revealed 5 broken window slats. - The hallway wall had a softball sized white patched area under the thermostat. - 2 broken metal chairs in the back yard. Interview on 03/20/19 the Licensee stated she would follow up on the issues identified at the facility.	V 736			