

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/01/2019
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NAME OF PROVIDER OR SUPPLIER GLORIOUS HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4418 KARLBROOK LANE RALEIGH, NC 27616
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V 000	INITIAL COMMENTS An Annual, Complaint and Follow Up Survey was completed March 1, 2019. The complaints were substantiated (Intake #NC001444399 and NC00143551). Deficiencies were cited.	V 000		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children. This Rule is not met as evidenced by:	V 115		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 115	<p>Continued From page 1</p> <p>Based on record review and interviews, the facility failed to assure one of three clients (#1) participated in activities. The findings are:</p> <p>Review on 01/29/19 of client #1's record revealed the following: -Admitted 03/29/18 -Diagnoses Intellectual Disability Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar and Explosive Disorder</p> <p>During interview on 01/29/19, client #1 reported he: -Received a membership to the Family YMCA (Young Men's Christian Association) to help him lose weight around his birthday in September 2018 -He enjoyed swimming... "I am part fish"</p> <p>During interview on 01/30/19, client #1's care coordinator reported the following about client #1: -Went to the day program during the day -Assigned a 1:1 worker during the evening hours at the group home -Evening and weekend activities should be completed by the 1:1 worker -Monitor visits by her supported it was hard to determine who was specifically assigned as the 1:1 worker...staff numbers were sufficient based on the number of clients...staff on duty worked with all clients</p> <p>During interview on 03/01/19, client #1's mother reported: -Client #1 was supposed to go to the YMCA with staff. -Although she did not mind taking him to the YMCA, the group home staff did not always take him</p>	V 115		

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V 115	<p>Continued From page 2</p> <p>-Due to her work schedule, it was sometimes difficult to take him to the YMCA -She initially started taking client #1 to the YMCA because he was not using his membership because staff were not taking him</p> <p>During interview on 02/05/19, staff #3 reported: -She was one of the managers of the home and remained overnight on her shift.. -Two staff was on duty for the second shift....third shift, one staff remained awake downstairs and monitored client #1. The other clients did not require overnight awake staff. -Staff did not take client #1 to the YMCA because his parents preferred to take him to the YMCA -The 1:1 mainly provided services inside the home, but no one was specifically designated to work solely with client #1</p> <p>During interview on 02/01/19, the Licensee reported: -Due to legal litigations, she had limited contact with the daily operations of the home.</p>	V 115		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a Health Care Personnel Registry (HCPR) check was completed prior to hire for 2 of 3 staff (#1 and #2). The findings are:</p> <p>Review on 01/30/19 of the facility's personnel records revealed: - Staff #1 was hired 12/07/18 - Staff #2 was hired 12/01/18 - HCPR check was completed 01/30/19...no evidence of a HCPR check prior to hire dates for staff #1 and #2</p> <p>During an interview on 02/01/19, the Personnel Director reported: -The facility was in transition of owner since September/October 2018 - She felt the HCPR checks had been completed upon staff #1 and staff #2 being hired but was not able to locate those checks</p> <p>During interview on 02/01/19, the Licensee reported: -She hired a management company to oversee the operations of the staff and the home -She was not aware HCPR were not completed by the management company for staff #1 and staff #2.</p>	V 131		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (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</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>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 safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other qualified professionals responsible for the care for one of three clients (#3). The finding is:</p> <p>Review on 01/29/19 of client #3's record revealed the following: -Admitted 10/15/18 -Diagnoses Autism and Intellectual Developmental Disability -Admission referral noted client is non verbal, not</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>a citizen of the United States, has history of seizures..lived with grandparents prior to hospitalization (behavioral) -12/2018 doctor's note indicated need for Neurology appointment but noted may take a while as client has no insurance -01/15/19 hospitalize discharge summary-admitted due to seizure. Referred to neurologist within a week no insurance noted -FI-2 dated 10.18.18 listed trazadone 100 mg one tablet as needed at night</p> <p>During interview on 01/29/19, staff #1 reported: -Since admission, client #3 had only one seizure. He was taken to the hospital after the seizure and was released. No date had been set for the Neurologist as recommenced at the hospital. -Client #3 did not have Trazadone medication as he did not have insurance to be seen by a physician. His initial FL-2 and medication was prescribed at the hospital</p> <p>During interview on 02/01/19, the House Manager reported: -Client #3 had not seen by a Neurologist...paperwork had been obtained the end of 2018 (few weeks prior to this interview) but client #3's grandmother had not signed it...it was difficult to contact the grandmother...agency may need to reach out to the client's care coordinator at the local management entity for assistance -Client #3 continued to have difficulty sleeping at night...agency maintained a log of his sleep pattern...strategies such as encouraging him to stay up as late as possible, limiting naps during the day, redirecting him back to bed during nighttime hours and watching his food intake have been implemented since his Trazadone medication had not been refilled...</p>	V 291		

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V 291	Continued From page 6 During interview on 02/01/19, the Licensee reported: -She was not aware of the specifics regarding clients in the home as she hired a management company to handle those matters such as funding and client's appointments.	V 291		