

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/16/2019
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NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27909
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 16, 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility to train 6 of 6 paraprofessional staff (#1 - #6) to meet the needs of clients specific to diabetes. The findings are:</p> <p>Review on 4/16/19 of personnel records revealed:</p> <ul style="list-style-type: none"> - staff #1: Hire date 10/3/16, job position; Residential Manager, No documentation of training in diabetes. - staff #2: Hire date 2/16/17, job position; Direct Care Professional, No documentation of training in diabetes - staff #3: Hire date 2/16/18, job position; Direct Care Professional, No documentation of training in diabetes - staff #4: Hire date 2/18/17, job position; Direct Care Professional, No documentation of training in diabetes - staff #5: Hire date 5/11/16, job position; Direct Care Professional, No documentation of training in diabetes - staff #6: Hire date 5/11/16, job position; Direct Care Professional, No documentation of training in diabetes <p>Review on 4/16/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 5/11/16 - diagnoses including Moderate Intellectual and Developmental Disabilities (IDD), Impulse Control Disorder, Diabetes, Seizures, Cerebral Palsy and Chronic Heart Failure <p>Review on 4/16/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date 8/1/17 	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> - diagnoses including Severe IDD, Impulse Control Disorder, Diabetes, Gastro Esophageal Reflux Disease, Dysphagia, High Blood Pressure, High Cholesterol, Arthritis, Sleep Apnea and Narcolepsy - a physician's order dated 4/28/18 to take client #2's blood sugar level every week <p>During an interview on 4/16/19, staff #5 reported:</p> <ul style="list-style-type: none"> - she had not been trained in diabetes management since working at this facility - she knew about diabetes because a family member had it - she would notify the Residential Manager if client #2's blood sugar was too high or too low - too high would be over 124 and too low would be under 60 - symptoms would include nervousness, sweats, being thirsty or "woozy" - she thought the symptoms would be for either high or low blood sugar <p>During an interview on 4/16/19, staff #6 reported:</p> <ul style="list-style-type: none"> - she had not been trained in diabetes management since working at this facility - she knew about diabetes because she herself was diagnosed with diabetes - if someone's blood sugar was too low they could pass out - she would give them orange juice - if it was too high she would make sure they had taken their medicine - client #1 was the only client with diabetes - was not aware that the Glucophage client #2 was taking was to treat diabetes <p>During an interview on 4/16/19, the Residential Manager agreed staff should be trained in Diabetes Management.</p>	V 108		

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V 114	Continued From page 3	V 114		
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> <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 interview, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are:</p> <p>Review of facility records on 4/16/19 at approximately 11:15am revealed:</p> <ul style="list-style-type: none"> - the shifts identified for performing fire and disaster drills were: 1st shift - 7:00am - 3:00pm; 2nd shift - 3:00pm - 11:00pm; 3rd shift - 11:00pm - 7:00am - documentation of fire drills was missing on: <ul style="list-style-type: none"> - 1st quarter (January - March): 2nd and 3rd shift - 3rd quarter (July - September) 2nd shift - documentation of disaster drills was missing on: 	V 114		

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V 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> - 1st quarter (January - March): 1st shift - 2nd quarter (April - June) 2nd shift - 3rd quarter (July - September) 3rd shift <p>Review again on 4/16/19 at approximately 4:00pm revealed additional drills submitted by the Residential Manager which covered the missing fire drills in the 1st and 3rd quarter and disaster drill in the 2nd quarter.</p> <p>During interviews on 4/16/19, both staff and clients reported fire and disaster drills were conducted monthly.</p>	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 observation and interview, the governing body failed to maintain the facility in a safe manner. The findings are:</p> <p>Observation on 4/16/19 at approximately 9:45am revealed</p> <ul style="list-style-type: none"> - a deck attached to the house at the dining room with double exit doors. The deck had a handicapped ramp leading to the driveway. Wood at the top of the ramp was warped and sticking up in the air approximately 3 inches. This created a hazard for clients leaving the facility by 	V 736		

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V 736	<p>Continued From page 5</p> <p>this exit.</p> <ul style="list-style-type: none"> - a second handicap ramp leading from the garage into the kitchen area <p>Observation on 4/16/19 at 3:30pm revealed:</p> <ul style="list-style-type: none"> - client #1 used a wheelchair in the house and community - client #2 used a walker and required the assistance of 2 staff to maneuver within the house - client #2 sometimes used a "shuffling" motion when he was tired <p>During an interview on 4/16/19, staff #5 and #6 both reported:</p> <ul style="list-style-type: none"> - client #2 needed physical assistance exiting the house during a fire drill - client #1 had to be pushed out of the house in her wheelchair as she could not move the chair herself (this was a manual wheelchair) - they did not use the dining room exit for either drills or to enter or exit the facility - they used the ramp in the garage exclusively for clients #1 and #2 - the back deck had been like that for a few months <p>During an interview on 4/16/19, the Residential Director reported she thought there had been a work order submitted for the deck and she would check on it immediately.</p>	V 736		