


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-960	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2019
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVE HOUSING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 SEABISCUIT DRIVE PARKTON, NC 28371
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 15, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living.</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	<p>Persuant to V112 27G.0205 (C-D)</p> <p>The agency noted how the ISP for care recipient reads. The agency had in place a motion detector to notify staff when the care recipient was wake. The agency notified the care recipients care coordinator of the plan to utilize motion detector to aid in monitoring the care recipient. The MCO was aware of the staffing for the care recipient and has reviewed service delivery under the current ISP. The agency is aware of the discrepancy as to what is outlined in ISP and has plans to update the ISP. The care recipients care coordinator has scheduled a meeting to update the ISP on 10JUN19. The agency will take the following steps to rectify this issue by providing awake staff at the home until the ISP is updated. The agency will place awake staff in the AFL . Night staff will document a note in the system for over night care to document date, duration and service provided. The agency QA/QI committee will monitor the AFL notes to ensure the overnight staffing is maintained and service is delivered as outlined in the ISP. The agency will monitor service delivery at the home to ensure there is no lapse in</p>	28JUL18

Division of Health Service Regulation 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 and interviews, the facility failed to develop and implement strategies based on assessment affecting one of one clients (#1). The findings are:</p> <p>Review on 05/14/19 of client #1's record revealed: - 14 year old female. - Admission date of 08/08/15. - Diagnoses of Moderate Intellectual Developmental Disability and Down's Syndrome.</p> <p>Review on 05/14/19 of client #1's Individual Support Plan (ISP) dated 09/01/18 revealed: - "What People Like And Admire About Me... The designated QP (Qualified Professional) and AFL (Alternate Family Living) operator report [Client #1] is not sleeping throughout night and attempting to move about the house and needs 24-hour awake staff to ensure her safety."</p> <p>Review on 05/14/19 of a "Support Needs Assessment" for client #1 and dated 07/24/18 revealed: - Client #1 requires an awake staff at night. - "Client lives in an AFL. Has history and recent incidents of eloping, rambling at night while family was asleep. Able to unlock most conventional door locks."</p> <p>Review on 05/14/19 of the facility staff list provided by the AFL revealed one staff provided care at the facility.</p> <p>Interview on 05/14/19 the QP stated: - Staff #1 was the AFL provider. - No other staff worked at the facility. - She would address the need of 24 hour</p>	V 112	<p>in coverage and the care recipient has 24 hour "wake" staff. The agency will complete changes on or before 29MAY19.</p> <p>QA/QI Monitor: Christina Early, Ramona Jones</p> <p>QP: Catherine O'Neil</p> <p>AFL Provider: Fatima Drew</p> <p>AFL Night Staff: Andrea Wisher</p>	

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V 112	Continued From page 2 supervision with awake staff for client #1 with the Care Coordinator who completed the ISP.	V 112		