Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION DELTA	A. BUILDING: _			
		MHL041-603	B. WING		C 06/04/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
EASTER S	SEALS UCP NC GREENS	BORO GROUP HON	TOP ROAD BORO, NC 2740	07		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	LETE
V 000	INITIAL COMMENTS	1	V 000			
	The complaint was su #NC00150895). Defi This facility is license category: 10A NCAC					
V 290	290 27G .5602 Supervised Living - Staff		V 290			
	10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL041-603	B. WING		06	C 6/ 04/2019
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADDRESS, CITY, STATI	E. ZIP CODE	, ,	
		48	09 HILLTOP ROAD			
EASIER	SEALS UCP NC GREEN	NSBORO GROUP HON GI	REENSBORO, NC 27407	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 290	V 290 Continued From page 1 present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.					
	failed to provide star numbers to enable individualized client surveyed (#3, #4 ar Review on 6/3/19 a Timecard-Timeshee revealed:	view and interview, the facility ffing above the minimum staff to respond to needs affecting 3 of 5 client and #5). The findings are: Ind 6/4/19 of the "Employee et" dated 3/1/19-5/14/19 one the following dates/time in March 2019. 0:00 pm (2.5 hours) 0:00 pm (2 hours) 10:00 pm (2 hours) 10:00 pm (2 hours) 10:00 pm (2 hours) 10:00 pm (2 hours)	dis .			

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STATE FORM 9W4D11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		IDENTIFICATION NOWE	DEN.	A. BUILDING: _		COMPL	ETED	
		MHL041-603		B. WING		06/0) 04/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•		
EASTER S	SEALS UCP NC GREENS	BORO GROUP HON	4809 HILLT					
			GREENSBO	ORO, NC 2740				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 290	290 Continued From page 2 - 3/29/19: 8:00 pm-10:00 pm (2 hours) - 3/30/19: 10:00 pm-11:00 pm (1 hour)		V 290					
	- 3/31/19: 9:00 pm-10 - Staff #1 worked alor	0:00 pm (1 hour) ne the following dates/t	imes					
	(number of hours) in 7 - 4/10/19: 7:00 pm-10	0:00 pm (3 hours)						
	- 4/11/19: 8:00 pm-10 - 4/12/19: 8:00 pm-10 - 4/16/19: 6:00 am-8:):00 pm (2 hours)						
	- 4/16/19: 8:00 pm-10 - 4/24/19: 8:00 pm-10):00 pm (2 hours)						
	- 4/26/19: 8:00 pm-10):00 pm (2 hours)						
	- 4/29/19: 8:00 pm-10 - 4/30/19: 8:00 pm-10):00 pm (2 hours)						
	- Staff #1 worked alone the following dates/times (number of hours) in May 2019.		imes					
	- 5/8/19: 8:00 pm-10: - 5/13/19: 6:00 pm-10							
	- 5/14/19: 6:00 pm-10	0:00 pm (4 hours)						
	Review on 6/4/19 of client #3's record revealed: - Admission date: 7/28/1988 - Diagnoses: Mild Intellectual Disabilities; Spastic Quadriplegic Cerebral Palsy; Unspecified Mood		led:					
			ood					
		ctive Disorder, Unspeci s "medical support nee						
	11/1/18:	t Plan (ISP) start date						
	- "[Client #3's] size ar non-ambulatory and o	nd the fact the he is cannot bear weight mal	kes it					
		to transfer him safely." person lift in all setting	s					
	without use of a lift."	Ç						
	Review on 6/4/19 of c	client #4's record revea 26/1992	led:					
	- Diagnoses: Mild Inte	ellectual Disabilities; Inf	fantile					
	Quadriplegia	_	I					
	non-ambulatory and overy difficult for staff to "[Client #3] is a two-without use of a lift." Review on 6/4/19 of condition - Admission date: 10/0-0 Diagnoses: Mild Interception - Mild Palsy, Unspound - Quadriplegia	cannot bear weight mal to transfer him safely." person lift in all setting client #4's record reveat 26/1992 ellectual Disabilities; Inf	s led: fantile					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND LEAR OF GOMEOTION		.52		A. BUILDING: _		COIVII	COMPLETED	
		MHL041-603		B. WING			C 04/2019	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS CITY STA	TE ZIP CODE	1 00.	<u> </u>	
4809 HILLTOP ROAD								
EASTER S	SEALS UCP NC GREENS	SBORO GROUP HON	GREENSBO	ORO, NC 2740	7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 290	Continued From page	e 3		V 290				
V 290	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Support Plan (ISP) start date 10/1/18: - " will receive necessary assistance with the following tasks: bathing, dressing, personal grooming, eating, meal preparation, toileting, monitoring for personal safety, activities of daily living, accompanying and facilitating participation in the community." - Review of client #4's "safety supports in home and community" in the Individual Support Plan (ISP) start date 10/1/18: - "Staff monitor his safety and assistances him with ADL's (activities of daily living) throughout the night." - "Staff is awake and available throughout the night." Review on 5/31/19 of Client #5's record revealed: - Admission date: 1998 - Diagnoses: Mild Intellectual Disabilities; Cerebral Palsy; Borderline Intellectual Functioning; Seizure Disorder - Review of client #5's "exceptional medical support needs" in the Individual Support Plan (ISP) start date 5/1/19: - "Extensive support is required with all lifts and transfers requiring two person assist. [Client #5] can provide minimal assistance with some weight bearing assistance pivoting and standing but otherwise required full physical assistance." Interview on 6/4/19 with client #3 revealed: - Two staff are needed at times to assist him with toileting and showering "It takes two people to get me in and out of bed but [the Qualified Professional (QP)] can do it by		V 290					
	herself. [Staff #2] can - "Sometimes two and with shower) it depen	d sometimes one (need	ed					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL041-603			B. WING		06	C 5/ 04/2019	
NAME OF B	ROVIDER OR SUPPLIER	WITIE041-003	STDEET ADD	RESS, CITY, STA	TE ZID CODE	1 06	104/2019
NAME OF P	ROVIDER OR SUPPLIER		4809 HILLT		TE, ZIP CODE		
EASTER S	SEALS UCP NC GREENS	SBORO GROUP HON		ORO, NC 2740	07		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 290	0 Continued From page 4			V 290			
		mes (to help him on/off	the				
	Interview on 6/4/19 with client #4 revealed: - Indicated he needed "more staff" when he was in the "bathroom." Interview on 5/31/19 with client #5 revealed: - That there have been times when only one staff was working in the home She is unable to get in and out of her wheelchair by herself and needs staff assistance.		was				
			staff				
	Interviews on 5/31/19 and 6/4/19 with the Qualified Professional [QP] revealed: - All residents (six clients) were in wheelchairs. Five clients had electric wheelchairs - Three of the clients (#3, #4 and #5) could not transfer to and from their electric wheelchairs independently. The same clients (#3, #4, and #5) each have a Hoyer Lift. - The only time that there is one staff on duty was from 9 pm until 10 pm every day. - "Once we complete paperwork for new hires and they start within the next two weeks the schedule will change and there will not be a gap between 9 pm- 10 pm." - Staff #1 had only worked alone "maybe 15 minutes if someone called out." - She would fill in if only one staff member was available to work or called out sick. - She was not able to provide documentation of the dates/times she filled in for other staff.		not s d #5) y was es gap				
	revealed: - Denied she ever wo - "There might be a h	our gap difference (bet aff working) and if some	ween				

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		MHL041-603		B. WING			C 04/2019	
NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP NC GREENSBORO GROUP HON GREENSBORO, NC 27407 STREET ADDRESS, CITY, STATE, ZIP CODE 4809 HILLTOP ROAD GREENSBORO, NC 27407								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 290	- If she was alone wa take to get the three of transfer out of bed an	s unsure how long it wo clients who could not ad outside during a fire on se I have never had all	drill.	V 290				

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