

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2019
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NAME OF PROVIDER OR SUPPLIER MIDDLETON STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 340 MIDDLETON STREET ROBBINS, NC 27325
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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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on May 16, 2019. Deficiencies were cited. The complaint was substantiated. (Complaint ID# NC00150767)</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	This page is intentionally blank	
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 109	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: red; text-align: center;">JUN 11 2019</p> <p style="color: blue; text-align: center;">Lic. & Cert. Section</p>	

Division of Health Service Regulation

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

TITLE

(X8) DATE

Relexa Xiu

Director of Program Operations

6-4-19

Division of Health Service Regulation

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V 109	Continued From page 1 for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the qualified professionals (Program Manager & Qualified Professional) and associate professional (Residential Manager) failed to demonstrate the knowledge, skills and abilities required by the population served affecting 1 of 3 audited client's (#1) treatment. The findings are: Review on 5/9/19 of Client #1's record revealed: - Admission date of 4/30/10 - Diagnoses of Intellectual Disability; Mood Disorder; Infantile Seizures; Mini Strokes by History; Encephalitis and Osteopenia - Treatment plan dated 3/31/19 documenting the client has 4 hours of unsupervised time in the home. Observation on 5/9/19 at approximately 5:45 PM revealed the following: - Client fell as she attempted to get out of herbed and barely missed hitting her head on the sharp corner of a nightstand immediately next to her bed. - She had a large circular, red colored bruise/swelling on the right side of her forehead and a smaller, darker bruise on the backside of her left hand.	V 109	This page is intentionally blank	

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V 109	<p>Continued From page 2</p> <p>During interview on 5/9/19, Client #1:</p> <ul style="list-style-type: none"> - was unable to clearly explain the occurrence that resulted in her injuries. - said occasionally she gets dizzy when she tries to rise from her bed which is why she fell to the floor during the visit. <p>Review on 5/9/19 of the facility's incident reports for January 2019 through May 2019 revealed Client #1 had the following Level I incidents involving minor injuries:</p> <ul style="list-style-type: none"> 1 - 1/11/19 - Trip and fall in living room while helping staff bring groceries into facility. 2 - 1/23/19 - Staff noticed blood on client's hands and nose. Client reported she hit her nose on night stand in her room late on previous night. Was late and during staff's sleep time so did not wake staff due to lateness of hour. 3 - 2/22/19 - Client reported she cut her finger on a razor while trying to get a razor out of her drawer. However, staff later determined she cut her finger while in the bathroom getting a razor from her shower bag. 4 - 3/21/19 - Client reported she cut her finger on something in her makeup bag. (razor.) <p>Interview on 5/9/19 with all staff present - Regional Manager, Qualified Professional (QP,) Residential Manager and staff on duty revealed:</p> <ul style="list-style-type: none"> - They were not previously aware of Client #1's injuries on 5/9/19. - They were also uncertain how Client #1 obtained the injuries. - They confirmed, strategies had not been developed and implemented to address the client's needs to continue to independently maintain her safety. - The QP and Residential Manager confirmed they were responsible for developing the strategies in the client's treatment plan. However, 	V 109	<p>V109: After the incident report for 5-9-19 was completed, fall protocol was implemented including a team meeting. Plan was amended, and unsupervised time was discontinued. Bed sensor has also been introduced to ensure staff are aware when Client #1 gets up at night. Razor was secured and use will be monitored by staff.</p> <p>Residential Team Leader, Residential Manager and staff at Middleton Group Home will follow Monarch's Level I Incident Reporting Policy and Monarch's Fall Prevention/Process/SOP.</p> <p>Re-training will be provided;</p> <ol style="list-style-type: none"> 1. Level I Minor Incident Reporting and 2. Fall Prevention/Process/ SOP <p>Director of Program Operations will provide the re-training to the Residential Team Leader who will then re-train the Residential Manager and the staff.</p> <p>Director of Program Operations will review Level I incidents with the Residential Team Leader during monthly supervision to identify trends and identify plans to be re-addressed or amended.</p> <p>Target Date: July 12, 2019</p>	

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V 109	Continued From page 3 they also noted their involvement in the client's treatment had only recently begun. - The Program Manager confirmed the facility reviews incident reports for each facility as a part of the agency's Quality Assurance/Quality Improvement process. - However, they had not identified the multiple Level 1 incidents for Client #1 documenting the repeated injuries she received in the past 4 months nor determined if her treatment plan/needs should be re-addressed. - They further confirmed the client had 4 hours of unsupervised time available when she could be in the home without staff present. See Tag V112 for more details on this deficiency.	V 109	This page is intentionally blank	
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness;	V 110		

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V 110	<p>Continued From page 4</p> <p>(3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility management failed to assure Staff #1 demonstrated the knowledge, skills and abilities required by the population served affecting 1 of 3 audited client's (#2) treatment. The findings are:</p> <p>Review on 5/9/19 of Client #2's record revealed: - admission date of 4/30/20 - Diagnoses of Severe Intellectual Disability; Schizoaffective Disorder; Psychotic Disorder; Scoliosis; Hypertension; Hyperthyroidism; Nocturnal Enuresis and Chronic Kidney Failure. - Treatment plan included goals for the client to: a) increase her self care skills and b) increase her independent living skills.</p> <p>Review on 5/16/19 of Staff #1's record revealed: - Hire date was not provided. - Personnel record provided was incomplete. - Documentation of the state and national criminal record's check was the only document provided and was dated 3/19/19. - Provision and dates of required training could</p>	V 110	<p>V110: Staff #1 was hired 3-25-19, Criminal background was 3-19-19, Health Care Registry was completed without findings, required trainings had been fulfilled as reported on the Relias Training Transcript. Residential Manager faxed requested information for Staff #1 to surveyor at the provided number.</p> <p>Residential Manager will secure and provide all requested staff information before the surveyor leaves the site. If information is requested to be faxed the Residential Manager will provide a checklist indicating all information requested is provided.</p> <p>As needed, Residential Team Leader will review the checklist of requested information to ensure all information is provided to the surveyor timely.</p> <p>Target Date: July 12, 2019</p>	
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V 110	<p>Continued From page 5</p> <p>not be determined.</p> <p>Review on 5/9/19 of staff documentation in Client #2's record revealed:</p> <ul style="list-style-type: none"> - Staff documented Client #2 was provided assistance with her dressing and bathing prior to leaving for the Day Program on 4/10-12/19. <p>During interview on 5/9/19, the Residential Manager (RM) confirmed the following:</p> <ul style="list-style-type: none"> - She received information on Friday, April 12, 2019 that Client #2 had arrived at the agency's Day Program wearing the same unclean clothes she had worn for three days. - The Day Program Staff did not contact her nor the facility staff. However, they informed the client's guardian who contacted the facility. - She directed the staff on duty to pick the client up from the Day Program and take her home to shower and obtain clean clothes. - Staff #1 was the staff responsible for supervising Client #2 prior to her departure to the Day program on 4/10-12/19 - Staff #1 was a newly hired staff and working as a fill-in staff at that time. However, Staff #1 received training on Client #2's needs and should have supervised her personal hygiene and dress prior to her departure. - Staff #1 informed her she gave the client a shower prior to directing the client to get dressed each morning. - All staff including the newly hired staff, were retrained to address all the client's needs. 	V 110	<p>V110:</p> <p>All Staff will follow the Treatment Plan for each individual supported. Residential Manager provided re- training to all staff including the newly hired staff (staff #1) to address all the client's needs.</p> <p>Residential Manager will provide new staff Person Specific Training based on each person's treatment plan and enter the training in the Electronic Health Record prior to assigning the new staff a shift.</p> <p>Residential Manager will monitor staff providing services by observing service delivery during the shadowing phase of training.</p> <p>Target Date: July 12, 2019</p>	
V 112	<p>27G .0205 (C-D)</p> <p>Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility management failed to assure 1 of 3 audited client's (#1) treatment plan included strategies to address her developing needs. The findings are:</p> <p>Review on 5/9/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 4/30/10 - Diagnoses of Intellectual Disability; Mood Disorder; Infantile Seizures; Mini Strokes by History; Encephalitis and Osteopenia 	V 112	This page is intentionally blank	
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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Treatment plan dated 3/31/19 documenting the client has 4 hours of unsupervised time in the home. <p>Observation on 5/9/19 at approximately 5:45 PM revealed the following:</p> <ul style="list-style-type: none"> - Client #1 resting on her bed in her bedroom. - Client fell to the floor as she attempted to get out of her bed barely missed hitting her head on the sharp corner of a nightstand immediately next to her bed. - Surveyor noticed a large circular, red colored bruise/swelling on the right side of the client's forehead and a smaller, darker bruise on the backside of her left hand. <p>During interview on 5/9/19, Client #1 said:</p> <ul style="list-style-type: none"> - She got the bruises when she bumped into a door. She was unable to say when or where the injury occurred. - She reported she had a headache. However, she said the headache was in response to allergies. - She further said occasionally she gets dizzy when she tries to rise from her bed. However, she reported this is also related to her "allergies." <p>Review on 5/9/19 of the facility's incident reports for January 2019 through May 2019 revealed Client #1 had the following Level I incidents involving minor injuries:</p> <ol style="list-style-type: none"> 1 - 1/11/19 - Trip and fall in living room while helping staff bring groceries into facility. 2 - 1/23/19 - Staff noticed blood on client's hands and nose. Client reported she hit her nose on night stand in her room late on previous night. Was late and during staff's sleep time so did not wake staff due to lateness of hour. 3 - 2/22/19 - Client reported she cut her finger on a razor while trying to get a razor out of her 	V 112	<p>V112: After the incident report for 5-9-19 was completed, fall protocol was implemented including a team meeting. Plan was amended, and unsupervised time was discontinued. Bed sensor has also been introduced to ensure staff are aware when Client #1 gets up at night. Razor was secured and use will be monitored by staff.</p> <p>Residential Team Leader, Residential Manager and staff at Middleton Group Home will follow Monarch's Level I Incident Reporting Policy and Monarch's Fall Prevention/Process/SOP.</p> <p>Re-training will be provided;</p> <ol style="list-style-type: none"> 3. Level I Minor Incident Reporting and 4. Fall Prevention/Process/ SOP <p>Director of Program Operations will provide the re-training to the Residential Team Leader who will then re-train the Residential Manager and the staff.</p> <p>Director of Program Operations will review Level I incidents with the Residential Team Leader during monthly supervision to identify trends and identify plans to be re-addressed or amended.</p> <p>After the incident report for 5-9-19 was completed, fall protocol was implemented including a team meeting. Plan was amended, and unsupervised time was discontinued.</p> <p>Target Date: July 12, 2019</p>	

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V 112	<p>Continued From page 8</p> <p>drawer. However, staff later determined she cut her finger while in the bathroom getting a razor from her shower bag. 4 - 3/21/19 - Client reported she cut her finger on something in her makeup bag. (razor.)</p> <p>Interview on 5/9/19 with all staff present - Regional Manager, Qualified Professional, Residential Manager and staff on duty revealed: - They were not previously aware of Client #1's injuries on 5/9/19. - They were also uncertain how Client #1 obtained the injuries. - They confirmed, strategies had not been developed and implemented to address the client's needs to independently maintain her safety. - They further confirmed the client had 4 hours of unsupervised time available when she could be in the home without staff present.</p>	V 112	This page is intentionally blank	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility management failed to assure medications were administered as authorized by a physician affecting 1 of 3 audited clients (#1.)</p> <p>Review on 5/9/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 4/30/10 - Diagnoses of Intellectual Disability; Mood Disorder; Infantile Seizures; Mini Strokes by History; Encephalitis and Osteopenia - A physician's order as a part of the client's FL-2 dated 3/19/19 for Budesonide (Entocort EC) 3mg, One tablet in the morning each day. - No other signed physician's order for Budesonide (Entocort EC) 3mg was found. <p>Review of Client #1's MAR's for March 2019 and April 2019 revealed:</p> <ul style="list-style-type: none"> - Staff documented the client was administered 	V 118	<p>V118: Residential Manager will follow Monarch's Medication Orders Policy and Monarch's Medication Administration Policy. Residential Manager will be re-trained on Monarch's Policies:</p> <ol style="list-style-type: none"> 1. Monarch's Medication Order 2. Medication Administration <p>Residential Manager will complete the Medication Closet Checklist and submit to the Residential Team Leader weekly.</p> <p>Residential Team Leader will monitor the Medication Closet Checklist.</p> <p>Target Date: July 12, 2019</p>	
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V 118	Continued From page 10 three 3mg tablets of Budesonide (Entocort EC) each day. Observation on 5/9/19 at 4:30 PM of Client #1's medications-on-hand revealed: - The medication Budesonide (Entocort EC) 3mg was among the client's medications with instructions for the medication to be administered as: three 3mg tablets every day. Interview with the Residential Manager on 5/9/19 confirmed the above. - She attempted to confirm the correct dosage of the medication for the client. - However, she was unable to clarify the physician's orders prior to the close of the survey.	V 118	This page is intentionally blank	



Monarch

Helping Dreams Take Flight

Middleton Street Group Home
340 North Middleton Street
Robbins, NC 227325

DHSR - Mental Health

JUN 11 2019

Lic. & Cert. Section

June 4, 2019

Mental Health Licensure and Certification Section NC Division of Health
Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual and Complaint Survey completed May 16, 2019
Middleton Street, 340 North Middleton Street, Robbins, NC 227325 MHL # 063-091
E-mail Address: reviews@monarchnc.org Complaint
Intake #NC00150767

Dear Maryland Chenier:

Please find enclosed the required plan of correction for the deficiencies cited during the recent survey at Middleton Street Group Home on May 16, 2019.

Sincerely,



Relena Hair
Monarch
Director of Program Operation
910-995-6094

