

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
--	---

(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 follow up survey was completed on May 16, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) 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>(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>	V 110	<p>A complete review of the personnel files for verification of training will be completed by the QM Director for Residential Services. This will be completed by June 28, 2019. Any deficiencies in training or documentation of training will be completed by July 15, 2019.</p> <p>All training agreed to in the plan of protection (drill and disaster training) will be completed at a full staff meeting on June 11, 2019.</p>	

Division of Health Service Regulation

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

Patricia B. [Signature] MSW QM Director

TITLE

(X6) DATE

06/19

STATE FORM

6899

MF3B11

If continuation sheet 1 of 6

RECEIVED

JUN 13 2019

DHSR-MH Licensure Sect

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
--	---

(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 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 1 observed staff (#3) demonstrated skills required by the population served. The findings are:</p> <p>Review on 5/16/19 of the National Weather Service website (www.weather.gov/bgm/severedefinitions) revealed a Tornado warning "...is issued when a tornado is indicated by the WSR-88D radar or sighted by spotters; therefore, people in the affected area should seek safe shelter immediately. They can be issued without a Tornado Watch being already in effect...It will include where the tornado was located and what towns will be in its path...A Tornado Watch...is issued...when conditions are favorable for the development of tornadoes in and close to the watch area...They normally are issued well in advance of the actual occurrence of severe weather. During the watch, people should review tornado safety rules and be prepared to move to a place of safety if threatening weather approaches..."</p> <p>During a review on 5/13/19, client #4's record revealed:</p> <ul style="list-style-type: none"> - admission date 6/1/09 - diagnoses of Cerebral Palsy, Muscle Spasticity, Intellectual and Developmental Disorder, Seizure Disorder and Visual Impairment - he needs complete assistance in moving, transferring, eating and completing his daily living 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
--	---

(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 110	<p>Continued From page 2</p> <p>skills</p> <ul style="list-style-type: none"> - a Hoyer lift is used in his room to help move him from the bed to a chair - is completely non-ambulatory and uses a wheelchair 100% of the time <p>Observation and interview on 5/13/19 between 10:20am and 12:30pm revealed:</p> <ul style="list-style-type: none"> - there was 1 staff (#3) and 1 client (#4) present in the facility. Both were watching television in the living room with client #4 sitting in his wheelchair in front of the living room window. Staff #3 was sitting at the desk to the side of the window. (The Program Manager (PM) had left the facility to transport a client to their day program.) - at 10:20am the television weather alarm sounded with a tornado warning announcing a tornado was imminent for Zebulon at 10:25am and that folks in the vicinity should go to a safe area. - when asked what she was going to do staff #3 replied "nothing right now";...asked when she was going to do something she replied "when I see something I guess"; when asked what she thought we should do she replied "maybe we should move our cars; they are under trees." - the lights were flicking and then went out completely - (this surveyor then stated that we should get to their safe place); staff #3 replied "that's a good idea" Staff #3 then pushed client #4 to the designated safe area of the house (in the back hall between two bathroom/shower areas). Client #4 was not able to move his own wheelchair and needed staff to move him. - while walking to safe area a low heavy rumbling sound could be heard. Staff #3, client #4 and this surveyor were in the safe area for approximately 15 minutes. During that time there 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
--	---

(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 110	<p>Continued From page 3</p> <p>was a second low, heavy rumbling sound.</p> <ul style="list-style-type: none"> - while in the safe area staff #3 was in contact by phone with the PM <p>During the continued interview on 5/13/19, staff #3 reported:</p> <ul style="list-style-type: none"> - she had been trained during her orientation on what to do during emergency drills by the previous PM and she had been involved in drills during the previous year - the facility policy and procedures for tornado warnings were to gather flashlights and emergency supplies and to immediately move the clients to the safe area - she knew what to do but was nervous because this surveyor was present so she was not responding as she should have done <p>Review on 5/16/19 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - hire date 10/16/17 - no documentation of her orientation training <p>Review on 5/16/19 of the facility's "Residential Staff New Hire Processes" revealed:</p> <ul style="list-style-type: none"> - training including: <ul style="list-style-type: none"> - Person Centered Plan/Individual Service Plan including goals, crisis plans, strategies - adaptive equipment - needs - where emergency supplies are located - Emergency drills - locations for meeting - protocols for completing drills - Emergency Plan - when and where to evacuate - review entire plan - emergencies - drills 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
--	---

(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 110	<p>Continued From page 4</p> <p>- what to do when surveyors come to home</p> <p>During an interview on 5/16/19, the Program Manager reported:</p> <ul style="list-style-type: none"> - staff #3 was hired and trained under the previous Group Home Manager/Qualified Professional - that staff person had been terminated for job performance issues including not completing required documentation including new staff orientation - she was certain staff #3 had been oriented but they did not have the documentation for it <p>Review on 5/13/19 of a Plan of Protection written on 5/13/19 by the Group Home Manager/Qualified Professional revealed: What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? "Review the Policy & Procedure for disasters with staff members. Ensure that every detail of the policy & procedures are reviewed with the staff. Practice on how to effectively respond to disasters by continuing to run monthly drills." Describe your plans to make the above happens. "Review the disaster plans as a topic in the monthly meeting and continue to run the monthly drills in order to review what worked and what may need to be changed to avoid any risk or harm to residents."</p> <p>On 5/13/19, there was a tornado on the ground and moving through the town in which the group home is located. Weather reports after the event showed the tornado touched down within approximately 3/10 of a mile of the group home. The direct care staff failed to respond to the weather service tornado warning on the television</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-476	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-ZEBULON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST LEE STREET ZEBULON, NC 27597
--	---

(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 110	<p>Continued From page 5</p> <p>which directed people in the area to get to a safe area of their building. At the time of the warning one non-ambulatory client was sitting in front of the living room windows. This client was not able to move his wheelchair on his own. The staff only moved the client away and into the safe area at the direction of the Division of Health Service Regulation surveyor.</p> <p>This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 110		

414 West Lebanon Street

Mount Airy, NC 27030

June 7, 2019

RECEIVED

JUN 13 2019

DHSR-MH Licensure Sect

Dear Angela and Marie,

Please find the enclosed POC's for:

Salem House MHL 034-253

Zebulon Group Home MHL 092-476

Please let me know if either of you have questions or concerns.

Thank you so much for your work with us.

Sincerely,



Kathleen B. McGuire, MSW

QM Director, Residential Services

Easterseals UCP