Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C MHL041-603 B. WING _ 06/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4809 HILLTOP ROAD**

EASTER SEALS UCP NC GREENSBORO GROUP HO

EASTER SEALS UCP NC GREENSBORO GROUP HO GREENSBORO, NC 27407							
(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	INITIAL COMMENTS	V 000					
V 200	A complaint survey was completed June 4, 2019. The complaint was substantiated (Intake #NC00150895). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.		DHSR - Mental Health JUN 2 4 2019 Lic. & Cert. Section				
V 290	27G .5602 Supervised Living - Staff 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	V 290					

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

(X6) DATE

6/11/2019

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-603		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER SEALS UCP NC GREENS	BBORO GROUP HO	DDRESS, CITY, S TOP ROAD BORO, NC 274				
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V 290	more clients present. need be present during specified by the emery determined by the good (d) In facilities which is diagnosis is substance (1) at least one duty shall be trained in withdrawal symptoms secondary complication drug addiction; and	present for every four or However, only one staff ag sleeping hours if gency back-up procedures verning body. serve clients whose primary e abuse dependency: staff member who is on a alcohol and other drug and symptoms of ons to alcohol and other of a certified substance be available on an	V 290				
	failed to provide staffir numbers to enable sta- individualized client no surveyed (#3, #4 and Review on 6/3/19 and Timecard-Timesheet . revealed:	ew and interview, the facility ing above the minimum off to respond to seeds affecting 3 of 5 clients #5). The findings are: 6/4/19 of the "Employee" dated 3/1/19-5/14/19 e the following dates/times farch 2019. 0 pm (2.5 hours) 0 pm (2 hours) 00 pm (2 hours)		Home will be staffed with 2 staff at all tin When the QP does have to fill in for staf call out of work, QP will document this ti	f who 6/11/2019		

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Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING:		
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V 290	Continued From page	2	V 290			
V 290	- 3/29/19: 8:00 pm-10: 3/30/19: 10:00 pm-10: 3/31/19: 9:00 pm-10: Staff #1 worked alon (number of hours) in A - 4/10/19: 7:00 pm-10: 4/11/19: 8:00 pm-10: 4/12/19: 8:00 pm-10: 4/16/19: 8:00 pm-10: 4/16/19: 8:00 pm-10: 4/26/19: 8:00 pm-10: 4/29/19: 8:00 pm-10: 4/29/19: 8:00 pm-10: 5/8/19: 8:00 pm-10: 5/8/19: 8:00 pm-10: 5/8/19: 8:00 pm-10: 5/13/19: 6:00 pm-10: 5/14/19: 6:00 pm-10: 5/14/19: 6:00 pm-10: 1/14/19:	1:00 pm (2 hours) 1:00 pm (1 hour) 1:00 pm (1 hour) 1:00 pm (1 hour) 1:00 pm (2 hours) 1:00 pm (3 hours) 1:00 pm (2 hours) 1:00 pm (4 hour	V 290			
- Review of client #4's goals in the Individual						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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	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."						
	getting in and out of h - Two staff are needed toileting and showerin - "It takes two people to but [the Qualified Prof herself. [Staff #2] can	at times to assist him with is wheelchair. I at times to assist him with g. I at times to assist him with g. I at times to assist him with g. I at times to assist him with with g. I at times to assist him with with g. I at times to assist him with with g. I at times to assist him with with with with a single properties.					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
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V 290	Continued From page	9.4	V 290			
	- "Two people sometimes (to help him on/offthe toilet)."					
	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.					
	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. Interviews on 5/31/19 and 6/3/19 with staff #1 revealed: - Denied she ever worked alone. - "There might be a hour gap difference (between two shifts with one staff working) and if someone calls out [the QP] comes in."					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4809 HILLTOP ROAD							
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V 290	Continued From page	5	V 290					
V 290	- If she was alone was take to get the three of transfer out of bed and	s unsure how long it would clients who could not d outside during a fire drill. se I have never had all three	V 290					

Division of Health Service Regulation



June 11, 2019

Angela Medlin
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL #041-603

Dear Ms. Medlin,

DHSR - Mental Health
JUN 2 4 2019

Lic. & Cert. Section

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation complaint survey completed on June 4, 2019 at the Easter Seals UCP NC Greensboro Group Home, located at 4809 Hilltop, Greensboro, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Stephanie Camp by phone at (704) 924-0028 or through e-mail at stephanie.camp@eastersealsucp.com.

Respectfully submitted,

Stephanie K. Camp, QP, BS Residential Program Manager

Stylan Comp QPBJ

Easter Seals UCP North Carolina & Virginia, Inc.