

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER THE OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 175 WEST MAIN DRIVE FOREST CITY, NC 28043
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 6/19/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000		
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 10 A 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 for the initiation of an individualized supervision</p>	V 109	<p>DHSR - Mental Health</p> <p>JUL 05 2019</p> <p>Lic. & Cert. Section</p> <p>PAGE INTENTIONALLY LEFT BLANK</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Nancy Kaierbe

Director of Program Operations

6/28/2019

Division of Health Service Regulation

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THE OAKS

STREET ADDRESS, CITY, STATE, ZIP CODE
**175 WEST MAIN DRIVE
FOREST CITY, NC 28043**

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V 109	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the Qualified Professional (QP) failed to demonstrate the knowledge, skills, and abilities required by the population served and failed to initiate individualized supervision plans of associate professionals. The findings are:</p> <p>Findings #1:</p> <p>Review on 6/12/19 of Direct Care Staff #1's record revealed: -hire date 3/11/19. -no individualized supervision plan from the QP.</p> <p>Interview on 6/12/19 with Direct Care Staff #1 revealed: -she had met the QP once and it was during an all staff meeting. -she had not had any supervision meetings or reviewed a supervision plan with the QP.</p> <p>Review on 6/12/19 of Direct Care Staff #2's record revealed: -hire date 1/14/08. -no individualized supervision plan from the QP.</p> <p>Interview on 6/12/19 with Direct Care Staff #2 revealed: -she saw the QP at the facility about every other</p>	V 109	<p>V 109 27G .0203</p> <p>QP left employment without notice on 6/3/2019. Director of Program Operations could not locate any supervision plans in her records at time of review. Director of Program Operations assumed role as QP immediately.</p> <p>1. Director of Program Operations completed supervision plans on all staff on 6/17/19 and submitted them to Education department at Monarch.</p> <p>2. Until a new QP is hired, the Director of Program Operations and an interim Team Leader/QP will assure ongoing supervision of staff until a replacement is hired. This will include documentation reviews, face to face and or phone conferences with all staff a minimum of quarterly.</p> <p>3. Upon hire of new Team Leader/QP, Director of Program Operations will train new QP on supervision requirements.</p> <p>4. Director of Program Operations will assure monitoring and documentation is occurring at least quarterly through contact with Team Leader/QP.</p>	<p>6/17/2019</p> <p>6/30/2019</p> <p>Upon hire</p> <p>Ongoing</p>

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V 109	<p>Continued From page 2</p> <p>month.</p> <p>Review on 6/12/19 of the House Manager's record revealed: -hire date 9/1/94. -no individualized supervision plan from the QP.</p> <p>Review on 6/19/19 of the QP record revealed: -hire date of 9/28/15.</p> <p>Findings #2:</p> <p>Review on 6/13/19 of Client #1's record revealed: -admission date 8/13/18. -diagnoses of Epilepsy, and Unspecified Intellectual Disability. -the most recent QP services notes were from 12/1/18 to 12/31/18. -the goals listed were to assist with education, employment and cooking skills. -the service note was not signed.</p> <p>Review on 6/13/19 of Client #3's record revealed: -admission date 1/27/17. -diagnoses of Moderate Intellectual Disability, Seizure disorder, Unspecified Anxiety Disorder, and Gastro-Esophageal Reflux Disorder. -the most recent QP services notes were from 12/1/18 to 12/31/18. -the goals listed were to complete assigned chores, keep bedroom clean, improve health, receive medication education, improve social skills and respect personal space of others. -the service not was not signed.</p> <p>Interview on 6/12/19 and 6/19/19 with the Director of Program Operations revealed: -the QP left her position on 6/3/19 with no notice. -the QP basically walked out on the job. -she attempted to find employee supervision</p>	V 109	<p>V109</p> <p>1. Interim Team Leader/QP will complete summary of progress/lack of progress quarterly.</p> <p>2. Upon hiring of permanently assigned Team Leader/QP they will complete summary of progress/lack of progress quarterly.</p> <p>3. Director of Program Operations will conduct random peer reviews quarterly to assure summaries are completed as required and accurately.</p>	<p>7/06/2019 and ongoing</p> <p>7/1/2019</p>

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V 109	Continued From page 3 plans and could not locate any. -she attempted to find more up-to-date services notes for Client #1 and Client #3 but could not locate any. -she was in the process of hiring a new QP and would cover the position until someone was hired.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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	PAGE INTENTIONALLY LEFT BLANK	

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement treatment strategies to the Person-Centered-Profile to meet the individual needs of 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 6/13/19 of Client #1's record revealed: -admission date 8/13/18. -diagnoses of Epilepsy, and Unspecified Intellectual Disability.</p> <p>Review on 6/13/19 of Client #1's Person-Centered-Profile dated 8/13/18 revealed: -short range goal of wanting "...to read better and improve math skills." -staff were to assist in finding education opportunities, fill out applications, and assist with assignments. -another short range goal of wanting "...to be employed and make money." -staff were to assist with researching employment opportunities, fill out applications, and with interviewing.</p> <p>Interview on 6/13/19 with Client #1 revealed: -she was "still waiting" to find employment or attend the workshop with the other clients. -she was teaching herself to write and read better.</p> <p>Interview on 6/12/19 with Direct Care Staff #1 revealed: -the QP would set up Client #1 to assist with the workshop and education goals.</p> <p>Interview on 6/12/19 with Direct Care Staff #2 revealed: -the client was to start going to the workshop,</p>	V 112	<p>V12 27G.0205 (C-D)</p> <p>Group Home Manager will request application from day program for client #1. Interim QP will complete application and submit for admission consideration.</p> <p>Client #1 has been reporting to staff she is not interested in finding employment and refuses efforts to take her out to complete applications. This goal will be discontinued from current plan in lieu of desire to go to day program. Group home staff will research educational opportunities/program to pursue her desire to further her education weekly.</p> <p>Client #1 will have new Plan of Care completed by 8/12/2019.</p>	<p>7/30/2019</p> <p>6/30/2019</p> <p>8/12/2019</p>
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V 112	Continued From page 5 however she had not done so yet. -the QP was working on this before she left. Interview on 6/12/19 with the House Manager revealed: -Client #1 was still fairly new and the QP was assisting her with her work and education goals. -the QP left her position "last week sometime" (6/3/19).	V 112		
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	V 290	PAGE INTENTIONALLY LEFT BLANK	

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V 290	<p>Continued From page 6</p> <p>developmental disabilities shall be served with one staff present for every one to three clients 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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home and/or community without supervision for specified periods of time affecting 3 of 3 audited clients (Clients #1, #2 and #3) The findings are:</p> <p>Review on 6/13/19 of Client #1's record revealed: -admission date 8/13/18. -diagnoses of Epilepsy, and Unspecified Intellectual Disability.</p> <p>Review on 6/13/19 of Client #1's "Unsupervised Home and Community Agreement" dated 8/13/18 revealed: -she was capable of remaining home without supervision for 3 hours.</p>	V 290	<p>V290</p> <p>Interim Team Leader/QP will review all unsupervised time assessments and add approved time to current treatment plans for identified individuals.</p> <p>Director of Program Operations will review updates to treatment plans to assure accurate completion.</p> <p>During random peer reviews of records, Director of Program Operations will review plan to assure unsupervised time is identified. Long term monitoring of unsupervised time will be done through the peer review process quarterly.</p>	<p>7/30/2019</p> <p>8/15/2019</p> <p>Beginning 7/1/2019</p>

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V 290	<p>Continued From page 7</p> <p>-she was capable of remaining in the community without supervision for 2 hours.</p> <p>Review on 6/13/19 of Client #1's Person-Centered-Profile dated 8/13/18 revealed: -the client's capability of remaining in the home and community without supervision was not addressed in the plan.</p> <p>Interview on 6/13/19 with Client #1 revealed: -she was in the home alone when the staff dropped off and picked up the clients' from the workshop. -she stayed in her room until staff returned .</p> <p>Review on 6/13/19 of Client #2's record revealed: -admission date 1/1/04. -diagnoses of Mild Intellectual Development Disability, Unspecified Anxiety Disorder, Unspecified Depressive Disorder, Kyphoscoliosis, and Osteoporosis.</p> <p>Review on 6/13/19 of Client #2's unsupervised home and community assessment dated 6/14/18 revealed: -she was assessed as being capable of remaining in the home and community without supervision for 8 hours.</p> <p>Review on 6/13/19 of Client #2's Person-Centered-Profile dated 2/12/19 revealed: -the client's capability of remaining in the home and community without supervision was not addressed in the plan.</p> <p>Interview on 6/12/19 with Client #2 revealed: -she was approved for 10 hours to be in the home and community unsupervised. -sometimes she walked to near-by stores but only did this during the day time.</p>	V 290	PAGE INTENTIONALLY LEFT BLANK	
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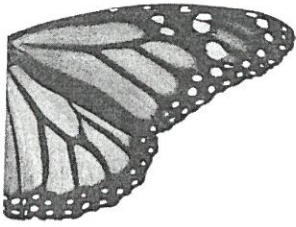
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V 290	<p>Continued From page 8</p> <p>Review on 6/13/19 of Client #3's record revealed: -admission date 1/27/17. -diagnoses of Moderate Intellectual Disability, Seizure Disorder, Unspecified Anxiety Disorder, and Gastro-Esophageal Reflux Disorder.</p> <p>Review on 6/13/19 of Client #3's unsupervised home and community assessment dated 6/14/18 revealed: -he was assessed as being capable of remaining in the home without supervision for 3 hours.</p> <p>Review on 6/13/19 of Client #3's Person-Centered-Profile dated 7/1/18 revealed: -the client's capability of remaining in the home without supervision was not addressed in the plan.</p> <p>Interview on 6/12/19 with Client #3 revealed: -he could stay home by himself, without staff, but not anywhere else.</p> <p>Interview on 6/19/19 with the Director of Program Operations revealed: -she was aware the capability of clients having unsupervised time needed to be in the treatment plan. -she would ensure this would be addressed.</p>	V 290	PAGE INTENTIONALLY LEFT BLANK	
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DHSR - Mental Health

JUL 05 2019

Lic. & Cert. Section

July 1, 2019

Sally Thayer, MSW, 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: Annual Survey 6/19/19 – The Oaks

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,



Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

