

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARLINGTON HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>216 AGNER LANE</b> <b>LEXINGTON, NC 27292</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A Complaint Survey was completed on July 3, 2019. The complaint was unsubstantiated (intake #NC00153061). A deficiency was cited.</p> <p>This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to develop a treatment/habilitation or service plan based on the client ' s assessment, for one (client #1) of two clients surveyed. The findings are:</p> <p>Review on 7-1-19 of client #1 ' s facility record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 5-8-18</li> <li>- 59 years old</li> <li>- diagnosed with: <ul style="list-style-type: none"> <li>- Intellectual Disability Disorder</li> <li>- Schizophrenia, Unspecified Type</li> <li>- Dysthymic Disorder</li> <li>- Bipolar Disorder</li> <li>- Intermittent Explosive Disorder</li> </ul> </li> <li>- assessed on 5-8-18: <ul style="list-style-type: none"> <li>- gait belt for walking assistance</li> <li>- wears briefs at night due to bed wetting</li> <li>- sometimes uses a walker</li> <li>- history of self-injurious behaviors</li> <li>- verbal and physical aggression</li> <li>- history of stealing</li> <li>- history of manipulation</li> </ul> </li> <li>- Behavior Support Plan dated 6-1-19: <ul style="list-style-type: none"> <li>- "...self-injurious behaviors: dropping to the floor ... or similar behaviors directed towards harming self."</li> <li>- client #1 is "...a fall-risk and (staff should) monitor appropriately to prevent her from falling and being safe."</li> <li>- "Dropping to the floor; If [client #1] throws herself on the ground, staff should ask if she needs help getting up. If [client #1] refuses to get up, staff should inform her to let them know</li> </ul> </li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <p>when she wants help and walk back from her. After 5 minutes or so, when she is calm, staff should ask again. If [client #1] refuses again and remains on the floor, after a fifteen minute period has passed, staff should help her get up in compliance with the provider ' s policies ..."</p> <ul style="list-style-type: none"> <li>- treatment plan dated 3-1-19:               <ul style="list-style-type: none"> <li>- become as independent as possible</li> <li>- expand community integration</li> <li>- increase pre-vocational skills</li> <li>- increase socialization skills</li> <li>- receive advocacy</li> <li>- receive information on self-determination and rights</li> </ul> </li> <li>- no goal that specifically addressed client ' s propensity to self-harm by purposely dropping to the floor, or keeping her physically safe when she drops to the floor for attention-seeking, despite this being a well-known maladaptive behavior</li> </ul> <p>Interview with client #1 on 7-1-19 revealed:</p> <ul style="list-style-type: none"> <li>- she had fallen sometime last month</li> <li>- facility staff took her to the local Emergency Department</li> <li>- she could not remember how often she falls</li> <li>- she does not like using her walker, but facility staff encourage her to</li> <li>- she could not think of anything that would help her not fall</li> <li>- she does not inform staff when she is going to get up and walk, so they can assist her</li> </ul> <p>Interview on 7-1-19 with client #1 ' s brother and legal guardian (B/LG) revealed:</p> <ul style="list-style-type: none"> <li>- he visits his sister about once a month</li> <li>- client #1 "is a challenge"</li> <li>- "She ' s very manipulative. She ' s the poster child for manipulation. She can be very</li> </ul>	V 112		

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V 112	<p>Continued From page 3</p> <p>defiant."</p> <ul style="list-style-type: none"> <li>- over the last 7-8 years client #1 has fallen more, possibly due to increased medications</li> <li>- since client moved to this facility about 1 year ago, staff have been working with her doctors to decrease unnecessary medications</li> <li>- B/LG talked to her psychiatrist and was told none of her medications should affect her ability to walk</li> <li>- client #1 often mis-judges her distance to where she is walking, then lunges to her destination, sometimes missing by a few feet</li> <li>- he isn ' t sure if she has a, "balance issue"</li> <li>- "she ' s been dealing with this for years"</li> <li>- her leg was broken much worse at her last placement, and pins and screws were put in to stabilize her lower leg</li> <li>- the smaller bone in that same leg now has a hairline fracture</li> <li>- staff encourage client #1 to walk, as her medical providers have recommended</li> <li>- client #1 would prefer to sit in a wheelchair all the time and be rolled around by staff</li> <li>- the facility staff have taken client #1, "to a neurologist recently, I think they ' re doing all they can"</li> <li>- B/LG does not want client #1 moved out of this facility or this level of care, as he believes moving her into assisted living would be very detrimental to her overall well-being, "that would be bad, very bad for her."</li> </ul> <p>Interview on 7-1-19 with the Group Home Manager revealed:</p> <ul style="list-style-type: none"> <li>- "[client #1] falls a lot"</li> <li>- "often for attention-seeking, she ' ll just flop down on the floor"</li> <li>- at other times, "she seems to panic or get anxious when she ' s (walking and) getting close</li> </ul>	V 112		

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V 112	<p>Continued From page 4</p> <p>to wherever she ' s walking and she ' ll just lunge for it - the chair, bed, couch, wherever she ' s going"</p> <ul style="list-style-type: none"> <li>- "we ' ve tried everything, OT (occupational therapy), psychiatry, neurologist, adjusting her meds (medications)"</li> <li>- "...she ' s better, but still falls on purpose and lunges for chairs"</li> <li>- "We also thought it might be inner ear, but had that checked out and it was fine. Physically, they say nothing ' s wrong with her"</li> <li>- reported there was no specific goal to deal with this in her treatment plan</li> </ul> <p>Interview on 7-2-19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- "we ' ve tried everything"</li> <li>- "we weren ' t sure if it was behavioral or mental, like attention-seeking or neurological. We took her to a neurologist, and she still goes."</li> <li>- she has a short-term goal, "that she ' ll stand in front of her chair before sitting down</li> <li>- no goal to address the flopping down or purposely falling as an attention-seeking behavior</li> <li>- the flopping down needed to be addressed, so a Behavior Support Plan was completed 6-1-19</li> <li>- the Behavior Support Plan addressed the flopping down, that ' s similar to having a treatment goal</li> <li>- The QP agreed having a specific treatment plan goal to decrease attention-seeking falls, and using the Behavior Support Plans recommendations as interventions would be beneficial, "I could see that, that ' s something we could do."</li> </ul>	V 112		