

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/10/2019
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NAME OF PROVIDER OR SUPPLIER UNITY HOME CARE RESIDENTIAL FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5975 SPINNER ROAD HOPE MILLS, NC 28348
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on July 10, 2019. The complaint was substantiated (intake # NC00152700. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>A Sister Facility is identified in this report. The Sister Facility will be identified as Sister Facility A. The client will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE 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</p>	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>obtained.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop goals and strategies based on client needs effecting 1 of 3 clients audited (client #1). The findings are:</p> <p>Review on 7/10/19 of client #1's record revealed: -52 year old male admitted 5/7/17. -Diagnoses included Intermittent Explosive Disorder; Major Depressive Disorder; Moderate Intellectual Developmental Disorder; and Schizoaffective Disorder. -Psychological Evaluation and Behavioral Plan dated 1/24/19. -Treatment team meeting dated 3/5/19 documented a request to increase client #1's level of care from Level II to Level III due to his maladaptive behaviors and property destruction. -Residential goal/strategies addressed personal hygiene, social skills, making simple meals, financial management skills, and general household skills. -No strategies in client #1's treatment plan to address his maladaptive behaviors and property destruction. -No documentation the Behavior Plan had been discussed regarding approval of the Behavior Plan.</p> <p>Review on 7/10/19 of client #1's Psychological Evaluation and Behavioral Plan dated 1/24/19 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-Functional analysis: "[Client #1] is a 51 year old male who has a significant history of aberrant behaviors. These behaviors have included non-compliance, aggression, object throwing and property destruction..."</p> <p>-Behavior Intervention Plan included measurable objectives to decrease non-compliance, verbal aggressive behavior, property destruction, inappropriate name calling, object throwing, accusatory behavior, profanity, and sexually inappropriate behaviors. Behavior Plan included specific strategies for staff to support client #1 to achieve the objectives, and strategies to address non-compliance and physical aggression.</p> <p>-Documentation the plan could be implemented immediately following approval of the Treatment Team, Qualified Professional, and guardian.</p> <p>Interview on 7/10/19 client #1 stated:</p> <p>-He had been living in the home a long time.</p> <p>-He did not like living in the home. He wanted to go back home.</p> <p>-He did not like his peers or staff. He could not identify reasons he did not like staff other than they "talked a lot."</p> <p>Interview on 7/10/19 the Licensee/Qualified professional stated:</p> <p>-When asked if there were reasons the Behavior Plan had not been implemented, she stated his current guardian lived out of state and did not want to be his guardian.</p> <p>-No reasons identified for the plan not to have been submitted to the treatment team to discuss for approval or alternatives to the Behavior Plan as written.</p>	V 112		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	<p>Continued From page 3</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to hold fire and disaster drills quarterly on each shift. The findings are:</p> <p>Interview on 7/10/19 the Licensee/Qualified Professional stated: -The facility shift hours were: -Monday-Friday: 8am-4pm; 4pm-12mn; 12mn-8am -Saturday-Sunday: 8a-8p and 8p-8a</p> <p>Review of fire and disaster drills from 7/1/18 - 6/30/19 revealed: -No fire or disaster drills documented on either of the week end shifts during the quarter, 1/1/19-3/31/19. -No fire drill or disaster drill documented on 8pm-8am week end shift during the quarter, 7/1/18-9/30/18. -No separate documentation of disaster drills</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>from fire drills during the past 12 months audited. The form used to document had check boxes for the the staff to check which included an option for "Fire Drill" and one for "Natural Disaster." Staff checked both "Fire Drill" and "Natural Disaster" for each "Emergency Drill."</p> <p>-The type of "Natural Disaster" drill was not documented.</p> <p>-There was no separate documentation of the time the "Natural Disaster" drills were held from the times the fire drills were held. There was only one "Time Started" and one "Time Completed" documented. An example would be a "Fire Drill" and "Natural Disaster" drill on 2/1/19, Time Started: 4:05pm...Time Completed: 4:10pm." Time from start to finish was 5 minutes or less for 40% of drills documented.</p> <p>Interview on 7/10/19 client #1 stated: -They practiced fire drills. They would go outside. -He could not identify any disaster drills. When asked if they practiced for tornados his response was, "No."</p> <p>Interview on 7/10/19 client #2 stated: -They practiced fire drills. They would go outside to the mailbox. -They did not practice or discuss any other types of drills.</p> <p>Interview on 7/10/19 Staff #1 stated: -He started working at the facility in January 2019. -They practiced fire drills by going outdoors. -They did not practice any other types of drills. They did not have discussions about disaster drills. -He had not been taught how to hold a disaster drill.</p>	V 114		

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V 289	Continued From page 5	V 289		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to adhere to licensed residential services by providing care and supervision for 1 of 1 former clients of Sister Facility A who had been discharged to the care of his guardian (former client (FC) A1).</p> <p>Interview on 7/10/19 client #1 stated: -FC A1 came to the facility sometimes. -He did not like FC A1. -FC A1 was there for dinner and would go home at night.</p> <p>Interview on 7/10/19 client #2 stated:</p>	V 289		
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V 289	<p>Continued From page 7</p> <ul style="list-style-type: none"> -FC A1 was at the facility every day. -FC A1 would eat dinner at the facility. -Most days FC A1 would leave about 8pm-9pm. -When FC A1 was at the facility, there would only be 1 staff on duty. <p>Interview on 7/10/19 Staff #1 stated:</p> <ul style="list-style-type: none"> -FC A1 was at the facility daily except on week ends. -When on duty and FC A1 was present, he was responsible for FC A1 and the other facility clients. -He typically worked the first shift, 8am-4pm. Typically FC A1 was still at the facility when he got off duty at 4pm. At the end of his day shift he was usually relieved by Staff #2 and she would be the only staff on duty when he left. <p>Interview on 7/9/19 and 7/10/19 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> -FC A1 was discharged from Sister Facility A on 5/15/19 at the direction of his guardian. -The Licensee continued to provide community support services for the client. -It had been arranged for the guardian to drop FC A1 off and pick him up from the facility. -The guardian had a pattern of not picking up the client until after he got off work. This had resulted in FC A1 being at the facility into the late evening. -There had been a meeting with the guardian and they were making other plans for the location his guardian would meet the community support staff. 	V 289		