

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSE'S CASTLE RESIDENTIAL SERVICES INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 COOK ROAD</b> <b>DURHAM, NC 27713</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on September 5, 2019. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>programmatic performance meeting applicable standards of practice for random drug testing instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 9/4/19 of the facility's documents revealed: -There was no evidence of a CLIA waiver.</p> <p>Review on 9/4/19 of client # 2's record revealed: -Admission date of 12/31/06. -Diagnosis of Schizophrenia Disorder, Diabetes Mellitus Type II, Microalbuminuria and Hypertension. -Physician order dated 3/1/19 included the following order:     -"Easy Touch Test Strip - Blood sugar diagnostic - use as directed."</p> <p>Interview on 9/4/19 with the Manager revealed: -She administered blood sugar checks 2x/day in the a.m. and p.m. -She administered blood sugar checks before breakfast and dinner. -Blood sugars were recorded twice a day. -There were no medical concerns or emergencies due to client's diabetes. -Blood sugar recordings reviewed by the doctor during every visit. -Confirmed the facility did not have a CLIA waiver.</p>	V 105		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>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 obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a current treatment plan for three of three audited clients (#1, #2, and #4). The findings are:</p> <p>Review on 9/4/19 of client # 1's record revealed: -Admission date of 8/17/06. -Diagnosis of Mild Developmental Disability, Paranoid Schizophrenia, Obsessive Compulsive Disorder and Dementia. -Treatment Plan expired 6/21/18. -There was no current treatment plan in the client's record.</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>Review on 9/4/19 of client # 2's record revealed: -Admission date of 12/31/06. -Diagnosis of Schizophrenia Disorder, Diabetes Mellitus Type II, Microalbuminuria and Hypertension. -Treatment Plan expired 8/23/19. -There was no current treatment plan in the client's record.</p> <p>Review on 9/4/19 of client #4's record revealed: -Admission date of 7/16/13. -Diagnosis of Schizoaffective Disorder, Borderline Intellectual Functioning, Pervasive Developmental Disorder and Intermittent Explosive Disorder. -Treatment Plan expired 6/30/17. -There was no current treatment plan in the client's record.</p> <p>Interview on 9/5/19 with the Manager revealed: -The Qualified Professional was responsible for completing the treatment plans. -Reported the QP meets with the clients and review records on a regularly. -The QP was responsible for ensuring clients records were current.</p> <p>This deficiency has been cited one time since the original cite on October 16, 2017 and must be corrected within 30 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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>	V 114		

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V 114	<p>Continued From page 5</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 record review and interviews the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 9/4/19 of the facility's fire and disaster drills record revealed: -There was no evidence the facility conducted fire and disaster drills on each shift at least quarterly.</p> <p>Interview on 9/5/19 with the Manager revealed: -She confirmed fire and disaster drills were not conducted on each shift at least quarterly in 2019.</p>	V 114		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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</p>	V 290		

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V 290	<p>Continued From page 6</p> <p>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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(2) children or adolescents with 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 review and interview, the facility</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>failed to assess and document client's capability of having unsupervised time in the community and home in the treatment or habilitation plan affecting three of three audited clients (#1, #2 and #4). The findings are:</p> <p>Review on 9/4/19 of client # 1's record revealed: -Admission date of 8/17/06. -Diagnosis of Mild Developmental Disability, Paranoid Schizophrenia, Obsessive Compulsive Disorder and Dementia. -Treatment Plan expired 6/21/18. -There was no unsupervised time assessment in the record.</p> <p>Review on 9/4/19 of client # 2's record revealed: -Admission date of 12/31/06. -Diagnosis of Schizophrenia Disorder, Diabetes Mellitus Type II, Microalbuminuria and Hypertension. -Treatment Plan expired 8/23/19. -There was no unsupervised time assessment in the record.</p> <p>Review on 9/4/19 of client #4's record revealed: -Admission date of 7/16/13. -Diagnosis of Schizoaffective Disorder, Borderline Intellectual Functioning, Pervasive Developmental Disorder and Intermittent Explosive Disorder. -Treatment Plan expired 6/30/17. -There was no unsupervised time assessment in the record.</p> <p>Interview on 9/5/19 with the Manager revealed: -The psychiatric signed consents to allow clients unsupervised time in the home and community. -Clients were allowed up to one hour in the home and community. -Confirmed there were no assessments completed to determined client's ability to have</p>	V 290		



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V 290	Continued From page 8  unsupervised time in the home or community.  This deficiency has been cited one time since the original cite on October 16, 2017 and must be corrected within 30 days.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:  Observation on 9/4/19 at 11:30 a.m. revealed: -There were black stains on four cloth dining room chairs.  Interview on 9/4/19 with the Manager revealed: -She confirmed the black stains on the dining room chairs. -She would look into changing the chairs.	V 736		