

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL064-139</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/26/2019</b> |
|--|---|--|---|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**AFL HOME - ROLLMAN**

**721 BRASSIE CLUB DRIVE  
ROCKY MOUNT, NC 27804**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--|---------------------|--|--------------------------|
| V 000                    | <b>INITIAL COMMENTS</b><br><br>An Annual survey was completed on August 26, 2019. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living  | V 000               |  |                          |
| V 108                    | <b>27G .0202 (F-I) Personnel Requirements</b><br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(f) Continuing education shall be documented.<br>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br>(1) general organizational orientation;<br>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;<br>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br>(4) training in infectious diseases and bloodborne pathogens.<br>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.<br>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and | V 108               |  |                          |

**DHSR - Mental Health**

**SEP 16 2019**

**Lic. & Cert. Section**

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

5899

WSOV11

If continuation sheet 1 of 8

Division of Health Service Regulation

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| V 108   | Continued From page 1<br><br>clients.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure one of two staff (#1) were trained in first aid and cardiopulmonary resuscitation (CPR). The findings are:<br><br>Record review on 8/23/19 of staff #1's record revealed:<br>- hire date 1/10/13<br>- first aid/CPR certificate dated 2/13/17 expire 2 years<br><br>During interview on 8/26/19 the Licensee reported<br>- she made contact with the Qualified Professional<br>- staff #1 will be scheduled for first aid/CPR training either this month or next month<br><br>An attempted telephone call was made to the QP on 8/23/19 & 8/26/19. No return phone calls. | V 108  | V 108<br>This deficiency will be corrected as follows:<br>1. Staff member was scheduled and completed CPR/FA class on 9/9/2019<br>2. QP will review staff training log quarterly to assure all classes are up to date | 09/09/2019  |
| V 118   | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.  | V 118  |   |   |

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| V 118   | <p>Continued From page 2</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;<br/>(B) name, strength, and quantity of the drug;<br/>(C) instructions for administering the drug;<br/>(D) date and time the drug is administered; and<br/>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure one of two clients (#1) medications were administered on a written physician's order and the MAR was kept current. The findings are:</p> <p>A. Review on 8/20/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted to the facility on 8/20/19</li> <li>- diagnoses of Depressive Disorder; Diabetes Mellitus &amp; Severe Intellectual Developmental Disability</li> <li>- no physician's order for Lisinopril 10mg everyday (treat high blood pressure) &amp; Cetirizine</li> </ul> | V 118  | <p>V 118</p> <p>1. Staff member is registered for medication administration class 9/16/2019 for refresher on med admin procedure</p> <p>2. QP will review staff training log quarterly to assure that classes are up to date</p> <p>3. QP will monitor MARs randomly 3X per month for next 3 months to assure staff have consistently completed documentation correctly and compliance with physicians orders</p> <p>4. AFL provider will maintain a copy of physicians orders in the site and submit a copy to QP following any med change</p> <p>5. QP will increase monitoring/supervision visits to 2 per month for next 2 months to ensure proper documentation</p> <p><i>6. QP will monitor all monthly.</i></p> | 10/26/2019  |

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| V 118   | <p>Continued From page 3</p> <p>10mg everyday (can treat allergy symptoms)</p> <p>Review on 8/20/19 of client #1's June, July &amp; August 2019 MAR revealed:</p> <ul style="list-style-type: none"> <li>- staff initials for the entire month of June &amp; July 2019 for the above medications</li> <li>- August MAR was initialed until 8/20/19</li> </ul> <p>During interview on 8/26/19 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she was not able to locate the physician orders for the Lisinopril &amp; Cetirizine</li> </ul> <p>B. Review on 8/20/19 of a physician's summary dated 7/17/19 for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- start Bactrim 800-160mg twice a day for 10 days (antibiotic can treat infections)</li> <li>- "possible boil"</li> </ul> <p>During interview on 8/26/19 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- client #1 had a boil under one of his arm pits</li> <li>- she administered the Bactrim but must forgot to document it on the July 2019 MAR</li> </ul> <p>[Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.]</p> | V 118  |  |                          |  |
| V 536   | <p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p>  | V 536  |  |                          |  |

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| V 536   | Continued From page 4<br><br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with | V 536  |  |  |

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| V 536   | Continued From page 5<br><br>disabilities;<br>(6) recognizing the importance of and<br>assisting in the person's involvement in making<br>decisions about their life;<br>(7) skills in assessing individual risk for<br>escalating behavior;<br>(8) communication strategies for defusing<br>and de-escalating potentially dangerous behavior;<br>and<br>(9) positive behavioral supports (providing<br>means for people with disabilities to choose<br>activities which directly oppose or replace<br>behaviors which are unsafe).<br>(h) Service providers shall maintain<br>documentation of initial and refresher training for<br>at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the<br>outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may<br>review/request this documentation at any time.<br>(i) Instructor Qualifications and Training<br>Requirements:<br>(1) Trainers shall demonstrate competence<br>by scoring 100% on testing in a training program<br>aimed at preventing, reducing and eliminating the<br>need for restrictive interventions.<br>(2) Trainers shall demonstrate competence<br>by scoring a passing grade on testing in an<br>instructor training program.<br>(3) The training shall be<br>competency-based, include measurable learning<br>objectives, measurable testing (written and by<br>observation of behavior) on those objectives and<br>measurable methods to determine passing or<br>failing the course.<br>(4) The content of the instructor training the | V 536  |  |  |



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| V 536   | Continued From page 6<br><br>service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or | V 536   |  |                          |   |

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| V 536   | <p>Continued From page 7</p> <p>train-the-trainer instruction.<br/>(I) Documentation shall be the same preparation<br/>as for trainers.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility<br/>failed to ensure one of two staff (#1) had<br/>refresher training at least annually. The findings<br/>are:</p> <p>Record review on 8/23/19 of staff #1's record<br/>revealed:</p> <ul style="list-style-type: none"> <li>- a You're Safe I'm Safe restrictive intervention<br/>certificate dated 7/23/18</li> </ul> <p>During interview on 8/26/19 the Licensee<br/>reported:</p> <ul style="list-style-type: none"> <li>- staff #1 was at the facility alone with the<br/>clients at times</li> <li>- she made contact with the Qualified<br/>Professional</li> <li>- staff #1 will be scheduled for restrictive<br/>intervention training either this month or next<br/>month</li> </ul> <p>An attempted telephone call was made to the QP<br/>on 8/23/19 &amp; 8/26/19. No return phone calls.</p> | V 536  | <p>V 536</p> <ol style="list-style-type: none"> <li>1. Staff member was scheduled for and<br/>completed "You're Safe, I'm Safe" class<br/>9/4/2019</li> <li>2. QP will monitor staff training log quarterly<br/>to assure all classes are up to date</li> </ol> | 9/4/2019                 |  |





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 27, 2019

Suzanne Rollman, AFL Provider  
721 Brassie Club Drive  
Rocky Mount, NC 27804

DHSR - Mental Health

SEP 16 2019

Lic. & Cert. Section

Re: Annual Survey Completed August 26, 2019  
AFL Home-Rollman, 721 Brassie Club Drive, Rocky Mount, NC 27804  
MHL#064-139  
E-mail Address: jscrollman@hotmail.com

Dear Ms. Rollman:

Thank you for the cooperation and courtesy extended during the Annual survey completed August 26, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 25, 2019.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 27, 2019  
Suzanne Rollman

- Sign and date the bottom of the first page of the State Form.

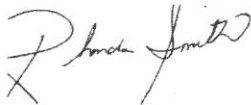
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Ames at (919) 552-6847.

Sincerely,



Rhonda Smith  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
Pam Pridgen, Administrative Assistant

DHSR - Mental Health

SEP 16 2019

Lic. & Cert. Section