

Division of Health Service Regulation

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FD: 971289

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMONWEALTH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205</b>
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V 000	INITIAL COMMENTS  An annual, complaint and follow up survey was completed on 9/9/19. The complaint was substantiated (Intake #154831). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

DHSR-Mental Health  
OCT 04 2019  
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Stephanie K. Conroy</i>	TITLE  Program Manager	(X6) DATE  9/30/2019
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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 3 of 3 staff (#1, #2 and #2) were trained to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan for 1 of 3 clients (#1). The findings are:</p> <p>Review on 8/28/19 of client #1's record revealed: -admission date of 6/1/19; -diagnoses of Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Intellectual Developmental Disabilities-Mild, Anxiety Disorder, Depressive Disorder, Somatization Disorder, Insomnia, Dysmenorrhea, Menorrhagia, Allergic Rhinitis and Hypothyroidism; -admission assessment documented client #1 was in a wheelchair, had a catheter, was dishonest, had crying spells, cursed, had "meltdowns," was verbal, had Day Supports, lived with her parents; -crisis plan dated 9/1/18 and updated 7/2/19 documented client #1 yelled, screamed, cursed, and attempted to run others over with her wheelchair when angry (last incident was in school, nothing recently).</p> <p>Review on 8/28/19 of incident reports for the facility from 5/1/19-8/28/19 revealed the following documented: -8/2/19 client #1 ran over client #2's foot with her wheelchair and broke client #2's toe;</p>	V 108	<p>Staff was trained on how to meet the needs of each supported individual. Staff was trained to meet Individual #1's needs, to include what to do, how to do it, when to do it, what to document, and when to contact Group Home Manager. Group Home Manager will review the documentation and maintain close communication with staff, at least 2x weekly. Group Home Manager will address any concerns and schedule team meetings as needed and/or when strategies are not working for any supported individual. Group Home Manager will attend Person Centered Planning Elements in NC on 10/23/19. Group Home Manager will receive ongoing support and training from Program Manager.</p> <p>Individual #1's ISP residential goals were updated with treatment team, and all staff were trained on the goals. Group Home Manager will coordinate a treatment team meeting and update goals as needed for all supported individuals, to include when changes in physical health, mental health, behavior, relationships, services, etc, occur. Group Home Manager will attend Person Centered Planning Elements in NC on 10/23/19. Group Home Manager will receive ongoing support and training from Program Manager.</p> <p>An aggression log was implemented for Individual #1 to document specific behaviors that will be used to inform the Specialized Consultative Service Provider in the development of a behavior support plan for Individual #1.</p>	<p>9/21/2019</p> <p>9/3/2019</p> <p>9/26/2019</p>



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V 108	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-client #1 has developed an attraction regarding her(staff #3);</li> <li>-client #1 has to have full personal care for hygiene and she wants staff #3 to give her all her showers;</li> <li>-client #1 told staff #3 she wanted to live with her, watch a R rated movie with her, will kill herself if staff #3 does not do what she wants;</li> <li>-client #1 also uses her wheelchair as a weapon and tried to run into other clients and staff ;</li> <li>-makes her feel very uncomfortable;</li> <li>-had no specific trainings for client #1;</li> <li>-"learn as we go;"</li> <li>-told "just deal with it."</li> </ul> <p>Review on 8/28/19 of personnel records revealed:</p> <ul style="list-style-type: none"> <li>-staff #1 was hired on 4/28/09 as Direct Care Staff and there was no documentation of completed client specific training for client#1 present in the record;</li> <li>-staff #2 was hired on 6/10/19 as Direct Care Staff and there was no documentation of completed client specific training for client#1 present in the record;</li> <li>-staff #3 was hired on 11/7/17 as Direct Care Staff and there was no documentation of completed client specific training for client#1 present in the record.</li> </ul> <p>Interview on 8/29/19 with the QP/GH Mgr revealed:</p> <ul style="list-style-type: none"> <li>-client #1's behaviors were not presented by the parents during the admission process to the facility;</li> <li>-behaviors started after client #1 was admitted to the facility;</li> <li>-client #1 ran over client #2's toe and broke it, ran into a staff, threatens staff and other clients, cusses, makes racial slurs, calls medics to take her to the hospital;</li> </ul>	V 108	<p>Individual Competencies for Individual #1 were completed with each staff. Documentation is in each staff's personnel record. Individual Competencies were completed for all supported individuals with each staff, and documentation is in each staff's personnel records. Individual Competencies will be updated and completed as needed, i.e. when changes in supported individuals' health, behavior, relationship, service, etc. occur, but at least annually.</p>	9/30/2019

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V 108	<p>Continued From page 4</p> <p>-has not provided staff with client specific trainings regarding client #1's behaviors including aggression, assaultive behaviors, risk of harm to others, calling the medics and inappropriate boundaries with staff.</p> <p>-admitted she did not train the staff on client #1's crisis plan when client #1 was admitted and did not notice the information about client #1 running over people with her wheelchair until later.</p> <p>This deficiency is cross referenced into 10 A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN V112 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
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"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol>	V 109		

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V 109	<p>Continued From page 5</p> <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 plan upon hiring each associate professional.</p> <p>(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 records review and interviews, the facility failed to ensure Qualified Professionals and Associate Professionals demonstrated competency for the population served for 1 of 1 Qualified Professional/Group Home Manager (QP/GH Mgr) and 1 of 1 Program Manager (PM). The findings are:</p> <p>Review on 8/28/19 of the QP/GH Mgr's personnel record revealed: -date of hire on 1/14/19; -documentation of completed trainings in First Aid/Cardiopulmonary Resuscitation, Diabetes, Seizure Management, Client Rights, Confidentiality, Crisis Avoidance Techniques (CAT), Core Values, Trauma Informed Care, Therapeutic Boundaries, Overview of Developmental Disabilities, Ethics, Incident Reporting, Interaction and Communication Competencies and Person Centered Thinking.</p>	V 109		
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V 109	<p>Continued From page 6</p> <p>Review on 8/28/19 of client #1's record revealed: -admission date of 6/1/19; -diagnoses of Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Intellectual Developmental Disabilities-Mild, Anxiety Disorder, Depressive Disorder, Somatization Disorder, Insomnia, Dysmenorrhea, Menorrhagia, Allergic Rhinitis and Hypothyroidism; -treatment plan dated 9/1/18 documented "requires support to prevent, manage or provide therapy for behaviors or conditions that can potentially cause physical harm to self or others."</p> <p>Interview on 8/28/19 with staff #1 revealed: -got some information about client #1 when she was admitted; -parents did not reveal the extent of client #1's behaviors; -worried about the safety of the other clients in the home; -other clients scared of client #1; -client #1 continues to threaten other clients in the home with physical harm; -does not know how to handle client #1's behaviors.</p> <p>Interview on 8/28/19 with staff #2 revealed; -client #1 has many behaviors, threats to staff and clients, threats of suicidal ideation, calls medics because wants to go to hospital, refuses to eat if can't have her way, even texts threats to other clients on their cell phones; -all clients express feelings of intimidation from client #1; -when client #1 was admitted, did not get any information from her parents regarding the extent of client #1's behaviors; -need assistance on how to deal with client #1's behaviors and how to protect other clients.</p>	V 109	<p>Group Home Manager/QP will receive training from the Program Manager as well as formal training. Easterseals UCP will implement an on-going training plan for the Group Home Manager/QP, including the following –</p> <p>Program Manager provided training will include:</p> <ul style="list-style-type: none"> <li>• Development of Individual Specific Competencies</li> <li>• Implementation of short-term goals</li> <li>• Documentation training including aggression log, coordination of care log</li> </ul> <p>Formal training will include:</p> <ul style="list-style-type: none"> <li>• Person Centered Planning Elements in NC, 10/23/19 at Daymark Recovery Services</li> <li>• Connecting the Dots, 12/9/19 with NC DHSR</li> </ul> <p>Relias online training will include:</p> <ul style="list-style-type: none"> <li>• Supervisor Training Curriculum <ul style="list-style-type: none"> <li>○ Part 1: Defining Work Expectations</li> <li>○ Part 2: Assessing, Supporting and Improving Work Performance</li> <li>○ Part 3: How to Discipline and Promote Positive Work Environment</li> </ul> </li> <li>• Principles of Positive Behavioral Supports for DSP's <ul style="list-style-type: none"> <li>○ Part 1: Overview</li> <li>○ Part 2: Teaching Functional Skills</li> <li>○ Part 3: How to Teach People with Disabilities</li> <li>○ Part 4: Importance of BSP's</li> </ul> </li> <li>• Supervision and the Principles of Positive Behavioral Support <ul style="list-style-type: none"> <li>○ Part 1: Components</li> <li>○ Part 2: Implementation</li> </ul> </li> </ul>	10/1/2019

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V 109	<p>Continued From page 7</p> <p>Interview on 8/28/19 with staff #3 revealed: -client #1 has developed an attraction regarding her(staff #3); -client #1 has to have full personal care for hygiene and she wants staff #3 to give her all her showers; -client #1 told staff #3 she wanted to live with her, watch a R rated movie with her, will kill herself if staff #3 does not do what she wants; -client #1 also uses her wheelchair as a weapon and tried to run into other clients and staff ; -makes her feel very uncomfortable; -let her QP/GH Mgr know and the PM by email; -was informed to redirect client #1, have other staff assist her, document client #1's behaviors; -just told to "redirect her" by her supervisors.</p> <p>Interview on 8/29/19 and 9/3/19 with the QP/GH Mgr revealed: -new to this position, took this job in January 2019; -client #1's behaviors were not presented by the parents during the admissions process; -behaviors started after client #1 was admitted; -client #1 ran over client #2's toe and broke it, ran into a staff, threatens staff and other clients, cusses, makes racial slurs, calls medics to take her to the hospital; -"Don't know what to do;" -reached out and let everybody know what was happening, how staff was feeling, how other clients were feeling; -client #1 was her first admission and the PM handled most of it; -did meet with client #1's parents and went over information in application which did not document the extent of client #1's behaviors; -the treatment plan came the week of client #1's admission;</p>	V 109	<p>Group Home Manager/QP will begin the completion of the initial components of this training plan effective 9/25/19. The Program Manager will assign online courses through Relias and will monitor their completion. Additional review of the above and other courses identified as an on-going process will be completed through group discussion at the monthly Residential Leadership meetings. Attendance will be verified by a sign in sheet and an agenda. The Program Manager facilitates the Residential Leadership meetings. The Human Resources Generalist, Quality Management Director, and Clinical Director attend Residential Leadership meetings monthly, which will provide a regular means of providing support and direction to the Program Manager from supporting service directors. The expectation that the Group Home Manager will train all staff on the essential principles learned in the Behavior Support training and other trainings, as assigned by the Program and Quality Management, will be established with the Group Home Manager. Meeting agendas and staff sign-in sheets will document completion of training with all staff.</p>	9/25/2019
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V 109	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-client #1 visited several times prior to admission with staff and clients and everyone was in agreement regarding client #1's admission;</li> <li>-told staff to document client #1's increasing behaviors;</li> <li>-told staff to redirect client #1;</li> <li>-hoping to get a behavioral support plan developed soon;</li> <li>-have not had staff meetings since client #1's admission to address client #1's behaviors.</li> </ul> <p>Interview on 9/3/19 with the PM revealed:</p> <ul style="list-style-type: none"> <li>-had 11 sites she supervised;</li> <li>-in process of developing a training manual for new facility QPs;</li> <li>-client #1's initial admission information did not document the behaviors client #1 was displaying currently;</li> <li>-no concerns came up during the screening process for client #1;</li> <li>-client #1's behaviors began after being admitted to the facility;</li> <li>-have a meeting scheduled for 9/18/19 in response to the increase in client #1's behaviors;</li> <li>-must have parental involvement for development and approval of a behavioral support plan;</li> <li>-one on one staff was supposed to be put in place for client #1 after client #1 ran over client #2's toe;</li> <li>-always supposed to be two staff on shift, not aware there had been times when only one staff was on shift;</li> <li>-not aware client #1 ran into client #2's again on 8/4/19;</li> <li>-had been informed of some of the staff's concerns and client #1's increasing behaviors by the QP/GH Mgr and discussed some things to put on place.</li> </ul> <p>This deficiency is cross referenced into 10 A</p>	V 109		
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V 109	Continued From page 9  NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN V112 for a Type A1 rule violation and must be corrected within 23 days.	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.  This Rule is not met as evidenced by:	V 112		

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V 112	<p>Continued From page 10</p> <p>Based on records review and interviews, the facility failed to develop and implement strategies to meet the client's needs affecting 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Cross Referenced: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS V108 Based on records review and interviews, the facility failed to ensure 3 of 3 staff (#1, #2 and #2) were trained to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan for 1 of 3 clients (#1).</p> <p>Cross Referenced: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS V109 Based on records review and interviews, the facility failed to ensure Qualified Professionals and Associate Professionals demonstrated competency for the population served for 1 of 1 Qualified Professional/Group Home Manager (QP/GH Mgr) and 1 of 1 Program Manager (PM).</p> <p>Cross Referenced: 10A NCAC 27G .5602 STAFF V290 Based on records review and interviews, the facility failed to ensure staff-client ratios to enable staff to respond to individualized client needs affecting 3 of 3 clients (#1, #2, #3).</p> <p>Review on 8/28/19 of client #1's record revealed: -admission date of 6/1/19; -diagnoses of Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Intellectual Developmental Disabilities-Mild, Anxiety Disorder, Depressive Disorder, Somatization Disorder, Insomnia, Dysmenorrhea, Menorrhagia, Allergic Rhinitis and Hypothyroidism; -treatment plan dated 9/1/18 documented the</p>	V 112	<p>Staff was trained on how to meet the needs of each supported individual. Staff was trained to meet Individual #1's needs, to include what to do, how to do it, when to do it, what to document, and when to contact Group Home Manager. Group Home Manager will review the documentation and maintain close communication with staff, at least 2x weekly. Group Home Manager will address any concerns and schedule team meetings as needed and/or when strategies are not working for any supported individual. Group Home Manager will attend Person Centered Planning Elements in NC on 10/23/19. Group Home Manager will receive ongoing support and training from Program Manager.</p> <p>Individual #1's ISP residential goals were updated with treatment team, and all staff were trained on the goals. Group Home Manager will coordinate a treatment team meeting and update goals as needed for all supported individuals, to include when changes in physical health, mental health, behavior, relationships, services, etc, occur. Group Home Manager will attend Person Centered Planning Elements in NC on 10/23/19. Group Home Manager will receive ongoing support and training from Program Manager.</p>	<p>9/21/2019</p> <p>9/3/2019</p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMONWEALTH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 112	<p>Continued From page 11</p> <p>following residential goals: let staff know what clothes want to wear for the day, initiate conversations with staff and peers, check calendar on the morning for the appointments for the day, hold dumb bell and complete exercises; -staff strategies included give options and choices, physical assistance, prompts, modeling, encouragement, gestures and praise; -crisis plan dated 9/1/18 and updated 7/2/19 documented client #1 had anxiety, had anger issues, yelled, screamed, cursed, and attempted to run others over with her wheelchair when angry (last incident was in school, nothing recently); -staff strategies for the crisis plan included speak in a calm, reassuring manner, stay by client #1's side, remain arm's length away, remind parent is on the way, provide positive feedback with redirection, give time to calm down, needs extensive monitoring at all times; -physician's order dated 8/13/19 documented the following; "to address agitation change to manual wheelchair to decrease impulsive harm to self/others, offer to apply her lotion when feels stressed to arms/back if she consents;" -there was no documentation of updated residential goals and strategies to address client #1's increasing behaviors in the treatment plan or crisis plan.</p> <p>Review on 8/28/19 of an email sent to the PM on 8/25/19 from staff #3 revealed the following documented: -client #1 has a "serious infatuation" with staff #3; -client #1 wants staff #3 to give her all her showers, rub her because "she needs touch," wants staff #3 to watch a R rated movie with her, wants to live with staff #3, said she would kill herself if staff #3 did not come in and work with her; -staff #3 documented she had been using the</p>	V 112		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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V 112	<p>Continued From page 12</p> <p>redirection methods the Qualified Professional/Group Home Manager (QP/GH Mgr) discussed but it only causes client #1 to act out more;</p> <p>-staff #3 asked for assistance and direction in this matter, documenting she felt uncomfortable, wants someone in charge to talk to client #1 about boundaries and help "dilute the attraction;"</p> <p>-"I'm uncomfortable and not able to perform my best when I'm approached by her request."</p> <p>Review on 8/28/19 of an email sent from the PM on 8/27/19 to staff #3 revealed the following documented:</p> <p>-"[The QP/GH Mgr] and I had an opportunity to talk about this somewhat;"</p> <p>-let other staff do client #1's personal care/hygiene assistance;</p> <p>-consistently educate and redirect client #1;</p> <p>-"I assure you we are working on a solution;"</p> <p>-be at the facility the next week to discuss staff #3's concerns.</p> <p>Review on 8/28/19 of a letter dated 8/5/19 from the housing authority to client #1 regarding her behaviors revealed the following documented:</p> <p>-a warning for client #1's "disorderly and aggressive behavior to other housemates(clients) and staff;"</p> <p>-7/22/19 entered another client's room, cursed and yelled at client, tried to run into client with wheelchair;</p> <p>-7/30/19 threatened to bring a weapon to the facility and "get" staff, told staff her weapon was her wheelchair and she planned to run into people;</p> <p>-8/2/19 ran over client #2 with her wheelchair and broke client #2's toe, threatened another client with running into the client with her wheelchair and told the client she wanted her to die, threats</p>	V 112		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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V 112	<p>Continued From page 13</p> <p>to staff; -8/4/19 threatened to run over client #2's foot again and break her foot again, ran into client #2 and staff who tried to intervene; -"Please be advised this behavior will not be tolerated."</p> <p>Review on 8/28/19 and 8/29/19 of staff documentation of client #1's behaviors from 6/1/19-9/1/19 revealed the following documented: -7/22 client #1 was cursing other clients in facility, calling clients names, staff tried to redirect, client #2 crying, "It seemed as if she (client #1) was trying to run [client #2] over b/c(because) she zoomed really fast &amp; very close to [client #2] was sitting;" -7/23 "got really, really close to another [client]talking screaming very loud, and the other [client] assumes she(client #1) was trying to run over her foot;" -7/31 client #1 was blocking the hallway with her wheelchair and was disrespectful to staff when asked to not block hallway; -8/2 client #1 stated she was crazy, told client #2 to "shut up," client #2 mumbled something back to her (client #1) and client #1 tried to run client #2 over with her wheelchair, client #2 stuck her foot out trying to protect herself, staff separated client #1 and client #2, client #1 tried to run client #2 over again, client #1 stated, "[Client #2] will die," client #1 reported it was ok for her to run over people because "she's crazy," client #1 also threatened to run staff over if they make her mad; -(no date) client #1 threatened to "get [staff #1] with her weapon...her wheelchair;" -8/3 client #1 stated client #2 is not really hurt, told client #2 she was going to run over her again, staff trying to redirect client #1, client #1 ran into client #2 again, then client #1 ran into staff with her wheelchair, client #1 "laughed after shedid,"</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 14</p> <p>saying she felt better after she ran into staff and client #2 with the wheelchair;</p> <p>-8/7 client #1 sent a text to client #4 threatening to run over clients in facility again;</p> <p>-8/9 client #1 reported she was upset and was going to run over client #2 again;</p> <p>-8/12 client #1 threatened to run client #4 over;</p> <p>-8/14 client #2 was going to the bathroom and client #1 came out of her room, threatening to run client #2 over again, client #2 became upset;</p> <p>-8/21 client #2 was upset and began to yell, client #1 told her to shut up, cussed her, staff tried to redirect client #1, client #1 came out of her room and asked client #2 "Do you wanna fight? Do you wanna fight? I'll run you over again," client #2 started crying and telling client #1 to leave her alone, staff separated clients, client #1 started calling client #2 a "crybaby," said she was going to run everybody over, said she was going to get a gun and kill client #2;</p> <p>-8/25 client #1 threatened clients in the facility, threatened to roll over client #2's other toe, was going to fight client #4, was going to kill her mother;</p> <p>-8/26 client #2 told client #1 to stop calling her cuss words, client #1 told client #2, "I am going to break your other toe," client #1 was yelling at client #2, staff trying to redirect client #1 who began calling staff racial slurs, tried to run into client #2 again and staff powered down client #1's wheelchair;</p> <p>-8/27 client #1 told client #2 "I wish you die tonight b***h;"</p> <p>-also noted frequently throughout the documentation was client #1's constant threats to staff to get them in trouble, get them fired, going to lie on them to get them in trouble, going to sue staff.</p> <p>Interview on 8/29/19 with client #1 revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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V 112	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- "I take my chair (wheelchair) and charge them with it;"</li> <li>- ran over client #2 and broke her toe;</li> <li>- trying to figure out why she did it;</li> <li>- have outbursts and run over people with her wheelchair;</li> <li>- staff put her in her room, put her in her manual wheelchair if she gets upset;</li> <li>- staff try to stop her from arguing with the other clients;</li> <li>- do not listen to staff, they are not "my mother;"</li> <li>- love it here.</li> </ul> <p>Interview on 8/29/19 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- "[client #1] hurt my foot;"</li> <li>- "ran over it with her chair;"</li> <li>- "I can't walk on it;"</li> <li>- "[client #1] broke it;"</li> <li>- client #1 cusses her, try to stay away from client #1.</li> </ul> <p>Interview on 8/29/19 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- client #1 is "a bully;"</li> <li>- ran over client #1's foot, called all clients cuss words;</li> <li>- client #1 threatens to run into clients and staff with her wheelchair;</li> <li>- client #1 tells lies on staff, says she is going to run people out of the facility;</li> <li>- "I don't like being bullied;"</li> <li>- "staff try to keep us safe;"</li> <li>- "stay in my room to avoid her;"</li> <li>- staff put client #1 in her room, client #1 yells and screams;</li> <li>- "I'm very afraid of [client #1]."</li> </ul> <p>Interview on 8/28/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- client #1 ran over client #2's toe and broke it on purpose;</li> <li>- worried about the safety of other clients in home;</li> </ul>	V 112		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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V 112	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-other clients scared of client #1;</li> <li>-client #1 continues to threaten other clients in home with physical harm;</li> <li>-no updated goals or strategies;</li> <li>-told to power down client #1's wheelchair or put her in the manual wheelchair;</li> <li>-try to keep client #1 away from other clients when threatening and acting out.</li> </ul> <p>Interview on 8/28/19 with staff #2 revealed;</p> <ul style="list-style-type: none"> <li>-client #1 has many behaviors, threats to staff and clients, threats of suicidal ideation, calls medics because wants to go to hospital, refuses to eat if can't have her way, even texts threats to other clients on their cell phones;</li> <li>-all clients express feelings of intimidation from client #1;</li> <li>-no updated strategies or goals to address client #1's increased behaviors;</li> <li>-told to put client #1 in her manual wheelchair if she starts threatening others.</li> </ul> <p>Interview on 8/28/19 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-client #1 has developed an attraction regarding her(staff #3);</li> <li>-client #1 also uses her wheelchair as a weapon and tried to run over other clients and staff ;</li> <li>-makes her feel very uncomfortable;</li> <li>-let her QP/GH Mgr know and the PM by email;</li> <li>-was informed to redirect client #1, have other staff assist her, document client #1's behaviors;</li> <li>-used every strategy she knows and nothing works;</li> <li>-no updated goals or strategies regarding client #1's increased behaviors have been provided to her.</li> </ul> <p>Interview on 8/28/19 and 9/3/19 with the QP/GH Mgr revealed:</p> <ul style="list-style-type: none"> <li>-developed the residential goals and strategies</li> </ul>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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V 112	<p>Continued From page 17</p> <p>for client #1 with the mother during the admission process;</p> <ul style="list-style-type: none"> <li>-no behavioral goals were discussed/developed;</li> <li>-not developed or updated any new goals to address client #1's behaviors;</li> <li>-waiting on the PM to let her know what to do;</li> <li>-told staff to redirect client #1, document her behaviors and feel free to let anyone in upper management know their concerns;</li> <li>-had physician's order to place client #1 in manual wheelchair when client #1 gets aggressive, to decrease chance of her harming others;</li> <li>-client #1 wanted staff #3 to rub her with lotion and had to say this was not a good idea since client #1 had an attraction to staff #3.</li> </ul> <p>Interview on 9/3/19 with the PM revealed:</p> <ul style="list-style-type: none"> <li>-once client #1 ran over client #2's toe, told the QP/GH Mgr to assign one on one staff to client #1;</li> <li>-not aware of problems with staffing;</li> <li>-not aware client #1 ran into client #2's again;</li> <li>-became aware of physician's order to place client #1 in manual wheelchair and order to apply lotion recently;</li> <li>-told the QP/GH Mgr to talk to physician about client #1's behaviors make rubbing with lotion not a good idea due to client #1's continued threats to lie on staff to get them in trouble and client #1's infatuation with staff #3;</li> <li>-not developed or implemented any new goals and strategies in treatment plan to address client #1's increased behaviors;</li> <li>-have a treatment team meeting scheduled for 9/18/19 to discuss a behavioral support plan;</li> <li>-plan to put in place immediate measures to address client #1's behaviors.</li> </ul> <p>Review on 9/3/19 of the Plan of Protection dated</p>	V 112		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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V 112	<p>Continued From page 18</p> <p>9/3/19 completed by the QP/GH Mgr, the PM and the Quality Management(QM) Director revealed the following documented: -" What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? There will be extensive monitoring for resident, including one on one staffing ratio to ensure resident's and others' safety. All staff will be provided with specific training on how to handle negative behaviors, as well as potentially harmful behaviors of resident. QM will oversee the group home manager and program manager to ensure that this is completed. Group home manager will receive additional training in treatment planning. Program manager will ensure that this training is completed;"</p> <p>-"Describe your plans to make sure the above happens. Group home manager, program manager and QM will ensure that staff monitor resident, and that staffing patterns is followed. Group home manager, program manager and QM will ensure that all staff are trained in specifics. QM will oversee group home manager and program manager to ensure that this is completed."</p> <p>Client #1 was admitted on 6/1/19 with the diagnoses of Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Intellectual Developmental Disabilities-Mild, Anxiety Disorder, Depressive Disorder, Somatization Disorder, and Insomnia. Client #1 had a history of crying, profanity, emotional meltdowns and several years ago trying to run other people over with her electric wheelchair when angry.</p> <p>Beginning in July 2019, client #1 began exhibiting verbal aggression, threats of physical aggression to use her wheelchair as a weapon to assault her</p>	V 112	<p><b>Plan of Protection –</b></p> <p>There will be extensive monitoring for resident, including one on one staffing ratio to ensure resident's and others' safety.</p> <p>All staff will be provided with specific training on how to handle negative behaviors, as well as potentially harmful behaviors of resident.</p> <p>QM will oversee the group home manager and program manager to ensure that this is completed.</p> <p>Group home manager will receive additional training in treatment planning.</p> <p>Program manager will ensure that this training is completed.</p> <p>Group home manager, program manager and QM will ensure that staff monitor resident, and that staffing patterns is followed. Group home manager, program manager and QM will ensure that all staff are trained in specifics. QM will oversee group home manager and program manager to ensure that this is completed.</p>	9/3/2019
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Division of Health Service Regulation

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V 112	Continued From page 19  peers and staff, making inappropriate sexual comments to staff and telling untruths. On August 2, 2019 client #1 intentionally ran over client #2 with her wheelchair and broke client #2's toe. On August 4, 2019 client #1 intentionally ran into client #2 and staff with her wheelchair. After these incidents, client #1 continued to threaten to run into other clients in the facility causing the other clients to be fearful of client #1. Staff working at the facility did not receive any specific trainings to deal with the aggressive and dangerous behaviors of client #1 and were not trained on the crisis plan for client#1. Staff/client ratio was not adequate to deal with client #1's behaviors and keep the other clients safe as staff sometimes had to work shifts alone. Client #1's treatment plan was not updated with new goals and strategies to deal with the increased behaviors documented by staff. The Qualified Professional/Group Home Manager and the Program Manager were informed and aware of these increased behaviors through documentation, incident reports and emails completed by staff but did not implement measures to address client #1's behaviors. The failure to train staff, provide needed staff/client ratios and develop and implement strategies to address client #1's increased behaviors and keep other clients safe constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 112		
V 118	27G .0209 (C) Medication Requirements	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/09/2019</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 20</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</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.</p> <p>(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;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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: Based on records review, observations and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept</p>	V 118	<p>Group Home Manager will obtain all written physicians' orders for all medications prescribed for each supported individual. Group Home Manager will file all orders in the supported individuals' MAR book. Group Home Manager</p>	10/1/2019

Division of Health Service Regulation

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V 118	<p>Continued From page 21</p> <p>current, medications were administered as ordered and medications administered were recorded immediately after administration affecting 1 of 3 clients (#1). The findings are:</p> <p>Finding #1: Review on 8/28/19 of client #1's record revealed: -admission date of 6/1/19; -diagnoses of Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Intellectual Developmental Disabilities-Mild, Anxiety Disorder, Depressive Disorder, Somatization Disorder, Insomnia, Dysmenorrhea, Menorrhagia, Allergic Rhinitis and Hypothyroidism; -physician's order dated 5/14/19 for Trintellix 20mg one tablet at bed; -physicians' orders dated 8/12/19 for Hydroxyzine 10mg one tablet twice daily and Melatonin 5mg one tablet at bed; -physicians' orders dated 8/13/19 for the following medications: Latuda 60mg one tablet in the pm and Diazepam 5mg one tablet in the pm; -physician's order dated 7/18/19 for Ciprofloxacin 500mg one tablet every twelve hours for 7 days and a notation on a medical form dated 7/22/19 for the medication to be extended for 7 more days.</p> <p>Observation on 8/29/19 at 10:05am of client #1's medications on site revealed: -Trintellix 20mg one tablet at bed; -Hydroxyzine 10mg one tablet twice daily; -Melatonin 5mg one tablet at bed; -Latuda 60mg one tablet in the pm; -Diazepam 5mg one tablet in the pm.</p> <p>Review on 8/28/19 and 8/29/19 of client #1's MARs from 6/1/19-8/28/19 revealed the following dosing dates left blank with no explanation on the</p>	V 118	will train all staff on never giving medication without a written physician order. Group Home Manager will ensure that all medications are given as prescribed by reviewing QuikMAR at least weekly to check for blanks and flags. Group Home Manager will complete a monthly medication audit and submit to Health and Wellness RN monthly. Health and Wellness RN and Program Manager will provide ongoing training and support to the Group Home Manager.	

Division of Health Service Regulation

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V 118	<p>Continued From page 22</p> <p>MAR form: - 7/14 for Trintellix 20mg one tablet at bed; -8/15 for Hydroxyzine 10mg one tablet twice daily; -6/14 for Melatonin 5mg one tablet at bed; -8/15 for Latuda 60mg one tablet in the pm; -8/6 and 8/24 for Diazepam 5mg one tablet in the pm. -Ciprofloxacin 500mg one tablet every twelve hours for 7 days documented as administered from 7/19-7/26 but not administered 7 more days as noted on medical form, extra 7 days not listed on MAR in dosing instructions.</p> <p>Interview on 8/29/19 with client #1 revealed: -always gets her medications every day; -not remembered missing any medications.</p> <p>Finding #2: Review on 8/28/19 of client #3's record revealed: -admission date of 7/15/11; -diagnoses of Major Depression, Anxiety Disorder, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Pervasive Disorder, Cerebral Palsy and Intellectual Developmental Disability-Mild.</p> <p>Review on 8/28/19 and 8/29/19 of client #3's MARs from 6/1/19-8/28/19 revealed the following medications documented as administered without physicians' orders: -Cephalexin 500mg one tablet every 12 hours for 10 days documented as administered from 7/10-7/19; -Cephalexin 500mg one tablet every 12 hours for 7 days documented as administered from 7/1-7/4 (started towards end of May).</p> <p>Interview on 8/29/19 with client #3 revealed: -always gets her medications every day; -staff give medications to her daily.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 23</p> <p>Interview on 8/29/19 with the Qualified Professional/Group Home Manager revealed: -was changing from written MARs to electronic MARs which can explain some of the blanks on MARs; -medications always given to clients daily; -pharmacy delivers all medications, never sent extra 7 days of medication for client #1, was not aware of 7 extra days ordered, was not listed on electronic MAR; -prescription for medications for client #2 sent directly to pharmacy and filled, pharmacy delivered medications, did not obtain orders.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>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:</p>	V 290		



Division of Health Service Regulation

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V 290	<p>Continued From page 24</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 records review and interviews, the facility failed to ensure staff-client ratios to enable staff to respond to individualized client needs affecting 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Review on 8/28/19 of client #1's record revealed: -admission date of 6/1/19; -diagnoses of Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia,</p>	V 290	<p>Two staff will be present at all times when there are more than 4 supported individuals in the group home. Individual #1 will be monitored closely when there are other supported individuals present, including an every 30 minute check-in, as well as one on one staff ratio, as needed. Group Home Manager will ensure that the staff ratios are adhered to and will fill in as the 2<sup>nd</sup> staff if no other staff is available. Group Home Manager will receive support from ESUCP recruiters to hire staff when and as needed. Program Manager will provide ongoing support.</p>	9/3/2019
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Division of Health Service Regulation

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V 290	<p>Continued From page 25</p> <p>Intellectual Developmental Disabilities-Mild, Anxiety Disorder, Depressive Disorder, Somatization Disorder, Insomnia, Dysmenorrhea, Menorrhagia, Allergic Rhinitis and Hypothyroidism;</p> <p>-treatment plan dated 9/1/18 documented "requires support to prevent, manage or provide therapy for behaviors or conditions that can potentially cause physical harm to self or others."</p> <p>Review on 8/28/19 of incident reports for the facility from 5/1/19-8/28/19 revealed the following documented:</p> <p>-8/2/19 client #1 ran over client #2's foot with her wheelchair and broke client #2's toe;</p> <p>-8/4/19 client #1 ran into client #2 again with her wheelchair, staff tried to intervene and client #1 ran into staff also.</p> <p>Interview on 8/28/19 with staff #1 revealed:</p> <p>-been working at the facility for 12 years;</p> <p>-have a vacancy on second shift and weekend vacancy;</p> <p>-working too much, no help;</p> <p>-client #1 continues to threaten other clients in home with physical harm;</p> <p>-other clients scared of client #1;</p> <p>-just try to keep other clients away from client #1;</p> <p>-client #1 also tells lies and makes up stories about staff;</p> <p>-staff fearful to be alone with client #1;</p> <p>-try to have two staff go in client #1's room to cover in case client #1 makes up allegations;</p> <p>-not always have two staff;</p> <p>-worried about safety of other clients in the facility.</p> <p>Interview on 8/28/19 with staff #2 revealed;</p> <p>-been working at the facility since 6/2019;</p> <p>-client #1 has many behaviors, threats to staff</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 26</p> <p>and clients, threats of suicidal ideation, calls medics because wants to go to hospital, refuses to eat if can't have her way, even texts threats to other clients on their cell phones; -all clients express feelings of intimidation from client #1; -need more staff to deal with client #1's behaviors and how to protect other clients; -try to have one staff be with clients while other staff complete tasks such as give medications, meals, hygiene; -sometimes let client #1 follow her around as she does her tasks if she is by herself to keep client #1 away from other clients to help with safety issue.</p> <p>Interview on 8/28/19 with staff #3 revealed: -client #1 has developed an attraction regarding her(staff #3); -client #1 has to have full personal care for hygiene and she wants staff #3 to give her all her showers; -client #1 told staff #3 she wanted to live with her, watch a R rated movie with her, will kill herself if staff #3 does not do what she wants; -client #1 also uses her wheelchair as a weapon and tried to run over other clients and staff ; -makes her feel very uncomfortable; -if only staff working the shift, hard to deal with client #1 and address the needs of the other five clients in the facility; -was told to let other staff complete personal hygiene tasks with client #1 but if she was the only staff working, she had to assist client #1 with her hygiene which made her feel very uncomfortable; -been short staffed and don't have enough staff to deal with client #1.</p> <p>Interview on 8/29/19 and 9/3/19 with the QP</p>	V 290		
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Division of Health Service Regulation

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V 290	<p>Continued From page 27</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-have four staff vacancies and short staffed at this time;</li> <li>-in process of interviewing for staff positions ;</li> <li>-have a vacancy on second shift;</li> <li>-client #1 ran over client #2's toe and broke it, ran into a staff, threatens staff and other clients, cusses, makes racial slurs, calls medics to take her to the hospital;</li> <li>-supposed to be two staff per shift but have been times only one staff has been on shift;</li> <li>-at times, staff call in to staff #1 to let her know staff will not be coming in to work and QP does not get notification until later;</li> <li>-been only one staff working on the weekends third shift.;</li> <li>-one on one staff has not been appointed to work with client #1.</li> </ul> <p>Interview on 9/3/19 with the PM revealed:</p> <ul style="list-style-type: none"> <li>-should always be two staff on shift;</li> <li>-thought one on one staff for client #1 was put in place after client #1 ran over and broke client #2's toe;</li> <li>-was not aware of times when only one staff was on shift.</li> </ul> <p>This deficiency is cross referenced into 10 A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN V112 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 290	<p>All documentation of POC is included in a binder at the group home for DHSR review.</p>	10/1/2019



September 30, 2019

Gina McLain  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

DHSR-Mental Health

OCT 04 2019

Lic. & Cert. Section

RE: MHL #060-402

Dear Ms. McLain,

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation annual, complaint, and follow up survey completed on September 9, 2019 at the Commonwealth Group Home, located at 3601 Commonwealth Avenue, Charlotte, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Stephanie Camp by phone at (704) 924-0028 or through e-mail at [stephanie.camp@eastersealsucp.com](mailto:stephanie.camp@eastersealsucp.com).

Respectfully submitted,

A handwritten signature in black ink that reads "Stephanie K. Camp QP, BS".

Stephanie K. Camp, QP, BS  
Residential Program Manager  
Easterseals UCP