Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 2	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL036-239	B. WING		10/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		_
			RFIELD DRIVE			
FAIRVIEW	HOME	GASTON	A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000	On 6/25/2019 DC#3 was se	en by 11/1/19	
	An annual and compl	aint survey was completed		his psychiatrist and was pre-	scribed	
	on October 15, 2019.			Valium 10mg QAM. The gu	ardian	
	substantiated (Intake	#NC00156213).		was contacted for consent a	nd	
	Deficiencies were cite	ed.		stated she needed to speak	with	9
		d for the following service		her father about the medical		
		27G .5600C Supervised		The medication was delivered		
	Developmental Disab	se Primary Diagnosis is a ility.		6/26/2019 and placed in per		
				orders in the Acuflo EMAR s		
V 106		(B) GOVERNING BODY	V 106	The QP and AD attempted s		
	POLICIES			times to get in touch with the		
		I GOVERNING BODY		guardian to gain a consent of		
	POLICIES (a) The governing box	dy responsible for each		declination of consent. On		
		I develop and implement		7/3/2019 AD contacted the		
	written policies for the			guardian and she stated she		١
	with the rules in this S	s by clients in accordance Section;		needed to speak with her fat		ı
	(9) reporting of any in-	cident, unusual occurrence		guardian) before she would		
	or medication error; (10) voluntary non-cor	mpensated work performed		On 7/5/2019 the AD spoke w		
	by a client;			DC#3 father about the medic		
	(11) client fee assessr practices;	ment and collection		and he stated he and the gu		1
		Iness plan to be utilized in a		had spoken and she would b	AND CONTRACTOR OF THE CONTRACT	-
	medical emergency;	and fallowing of lab to star		giving consent. Due to the la		١
		and follow up of lab tests; cluding the accessibility of		decision the medication was		
	emergency informatio	n for a client;		pending orders and the med		
	(15) services of volunt and requirements for r	teers, including supervision		remained in the home. Due		1
	confidentiality;	manifelling offerit		holiday weekend the pharma	1200 00000000	
	(16) areas in which sta			believed this was an oversite		
	nonprofessional staff, continuing education;	receive training and		part of GRS Nursing staff an		
	(17) safety precaution	s and requirements for		approved the medication tha		
Division of Hea	facility areas including	special client activity]	approved the medication that	tilau	J
		UPPLIER REPRESENTATIVE'S SIGNATURE	1.	TITLE	(X6) DATE	
VVeno	4 thuser	Usurat	antDIn	ector 114	12019	
STATE FORM	/ \		6899	DB0X11	If continuation sheet 1 of 2	:1

RECEIVED If continuation sheet 1 of 21 NOV 0 9 2019

DHSR-MH Licensure Sect

DIVISION	of fleatiff Service Regu	allon				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 20 20	E CONSTRUCTION	(X3) DATE S COMPL	
		MHL036-239	B. WING		10/1	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW	/ HOME	1009 FAIR	FIELD DRIVE			
FAIRVIEW	/ HOIVIE	GASTONIA	A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 106	areas; and (18) client grievance progression for review and disposite (b) Minutes of the governmently maintain. This Rule is not met as Based on interview arrailed to implement the medications. The find Review on 10/15/19 of "Nursing: Protocol for the group home" date: "When medication chome; there should be a physician. The nurse changes in the physician from a doctor's visit. Approved by the team possible. The guardia medications and their obtained. The new mobtained from the phabe notified that the megroup home. Staff should be notified that the megroup home. Staff should be notified that the megroup home in the E-mar (eleadministration record) on the pending order of ending date and the country in the control of the medication. Nursing the control of the medication. Nursing the control of the medication.	policy, including procedures tion of client grievances. erning body shall be ed. as evidenced by: ad record review, the facility eir policy regarding use of ings are: If facility policy titled medications changes in d. 5/1/18 revealed: anges occur in the group a written or verbal order by e should be notified of any ian's orders i.e. (example) When this dose has been it will be started as soon as in should be notified of the consent should be edication should be rmacy and the nurse should dication was brought to the buld notify nursing when the e at the homes. The nurse order with the pending	V 106	remained in pending orders for days. GRS' Medication Administration Procedures has been changed to address failingain consent for a medication timely manner. Failure to gain consent for a medication with hours of an order the following will occur, 1) Nursing will remain medication from pending order he Acuflo EMAR System; 2) I will removed the medication from until such time as considered in the revised GRS Medication Administration procedures on 11/1/19. The QP and Nursing staff will and act appropriately when considered is not obtained within 72 hours.	ave ure of in a in 72 g ove the ers in Nursing rom the ent has ere monito onsent	
	a phone call to the fac	ility will be made to tell the has been ordered. The				

Division of Health Service Regulation

STATE FORM DB0X11 If continuation sheet 2 of 21

Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		3.88
		1009 FAIRI	FIELD DRIVE			
FAIRVIEW	HOME	GASTONIA	, NC 28054			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
V 106	Continued From page	2	V 106			
V 106	staff should call nursing delivered by the pharm (medication) cards are under the correct time administered. A note following shift that the Review on 10/7/19 of (DC#3) record revealed -Admission date of 11 -Deceased 9/19/19; -Diagnoses of Autism Intellectual Developme Explosive Disorder, Scholesterol, Neuroder Onchomycosis, Bladd -July, 2019 Medication revealed DC#3 was as 10mg 1 tablet on 7/6/1 ManagerMedical consult report DC#3 was taken to a callity staff accompant Guardian/Sister. DC#1 Legal Guardian/Sister. DC#1 Legal Guardian/Sister the use of Valium and increasing current medications. Review on 10/15/19 of Error Report dated 7/8 revealed: -"GRS (Gaston Reside had an unapproved medications while they were waiting with the staff and the staff and they were waiting with the staff and the staff and they were waiting with the staff and the staff and they were waiting with the staff and they were waiting they were waiting they are staff and they were waiting they wait they were waiting they were waiting they waiting they were waiting they were waiting they waiting th	ng when this medication is macy. The med e placed in the med cart e of day that it is to be should be left for the re has been a change." Deceased Client #3's ed: /8/1996; Disorder, Severe ental Disability, Intermittent eizure Disorder, Elevated matitis, Seasonal Allergies, er Spasms; h Administration Record dministered Diazepam 19 at 8am by the House that dated 8/16/19 revealed doctor appointment by sied by DC#3's Legal 3 was agitated. DC#3's was concerned regarding wanted to explore dications prior to starting f Pharmacy's Medication 8/19 involving DC#3 ential Services) (Licensee) ed (medication) in pending g for family approval to	V 106			
	administer the medical medication in pending	tion. Pharmacy noticed the and approved the				
		was in pending due to a				
		proved by the pharmacy				
	allowed the medication	n to be administered before				

Division of Health Service Regulation

STATE FORM DB0X11 If continuation sheet 3 of 21

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 10	E CONSTRUCTION	(X3) DATE	
7.110 2.111		i de la	A. BUILDING:		OOM! EETED	
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW	HOME		FIELD DRIVE A, NC 28054			
2/0.15	SUMMARY ST	ATEMENT OF DEFICIENCIES	1	BROWER BLANCE CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 106	Continued From page	3	V 106			
	family consent was ob	otained;"				
	Interview on 10/9/19 v Guardian/Sister reveal -Staff at the facility adwithout consent. Interview on 10/8/19 v Management Entity C -DC#3's Legal Guardia for the use of Valium. Interview on 10/10/19 Professional revealed -DC#3's behaviors inco- -Physician recommendadress the increase in -DC#3's Legal Guardia consent for the use of -Valium was administed the "error on pharmaco- -The policy for a new replaced on pending standards obtains consent	with DC#3's Legal led: ministered Valium to DC#3 with DC#3's Local are Coordinator revealed: an/Sister would not consent with the Qualified : creased since late 2018; ded the use of Valium to in DC#3's behaviors; an/Sister did not grant Valium; ered on 7/6/19 as a result of y staff;" medication is for it to be tus on the E-mar while the from the client's guardian; ed the pending status from				
	because the pending s been removed from the	status of the medication had e E-mar:				
	-Valium was only admi	inistered one day and then				
	discontinued when the	error was discovered.				
	Interview on 10/10/19 revealed:	with the House Manager				
		ppeared on the E-Mar and				
		facility, it was administered;				
	 When consent has no administer a medication 	or yet been granted to on, it is marked "pending"				
	on the E-mar;					
	-Legal guardians and r	nursing must approve all				- 1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURY COMPLETE	
		MHL036-239	B. WING		10/15/2	2019
NAME OF P	ROVIDER OR SUPPLIER	1009 FAIR	PRESS, CITY, ST FIELD DRIVE A, NC 28054	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	(X5) COMPLETE DATE
V 106	medications prior to "premoved.	with the Assistant Director revealed:	V 106			
V 112	assessment, and in palegally responsible per of admission for client receive services beyond (d) The plan shall incl (1) client outcome(s) achieved by provision projected date of achied (2) strategies; (3) staff responsible; (4) a schedule for revannually in consultation responsible person or (5) basis for evaluation outcome achievement (6) written consent or responsible party, or a	ASSESSMENT AND FATION OR SERVICE developed based on the artnership with the client or reson or both, within 30 days is who are expected to a 30 days. ude: that are anticipated to be of the service and a evement; riew of the plan at least in with the client or legally both; on or assessment of	V 112	The plan on page 6 states the current living environment an services appear to be working well for him. It continues to be successful for DC#3 to remain in a "low ratio setting" with continued and familiar staffing. It goes say, "this is evidenced by the decrease in inappropriate below "episodes." GRS QP reported that he told surveyor that DC#3's PLAN refused that he told surveyor that DC#3's PLAN refused to 1 staff based on the way written. GRS QP states that say a ratio (1 to 1) was NOT discusted during the plan meeting in June DC#3 had developed to the post no longer needing 1 to 1 staff evidenced by several prior ye behavior data. In times of crisis or elevated behavioral rethe staffing ratio was lowered	d g ne n nsistent on to navior I the equired it was taffing sed ne 2019. oint of as ars of	0/23/19

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 10	E CONSTRUCTION	(X3) DATE	SURVEY
71101 2111	SI CONTRACTION	DENTI TO THOM NOTES.	A. BUILDING:		COMP	LLILD
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
FAIRVIEW	HOME		TELD DRIVE			
			, NC 28054	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	This Rule is not met a Based on interview ar failed to implement tre 1 of 1 deceased client Review on 10/7/19 of -Admission date of 11Deceased 9/19/19; -Diagnoses of Autism Intellectual Developme Explosive Disorder, Sc Cholesterol, Neuroder Onchomycosis, Bladd -Treatment Plan revea 6/7/19 with plan imple "[DC#3] requires 24 specialized trained sta awake staff trained in needs[DC#3] needs while eating and chew needs to be monitored safety[DC#3]'s behavior controlled environmen staffing" Interview on 10/8/19 w Management Entity Ca	as evidenced by: and record review, the facility eatment strategies affecting (DC#3). The findings are: DC#3's record revealed: //8/1996; Disorder, Severe ental Disability, Intermittent eizure Disorder, Elevated rmatitis, Seasonal Allergies, er Spasms; alled team meeting date of mentation effective 9/1/19. Inhour supervision with aff including overnight (DC#3]'s specific behavioral as prompts to slow down whis foods. (DC#3) still at closely in kitchen for avioral needs are s are severe and requires a t and requires one-on-one	V 112	by engaging the other person served outside of the home of adding staff into the home dure parts of the day, sometimes of a 1 to 1 staffing ratio. The BS defines the targeted behavior aggression, leaving supervise self-injurious behavior, and agon the day of death. Review of all the PCPs (annual plans) for all the peopserved in the Supported Livin section was completed by October 18, 2019 by the QP's Correction requests were subto the LME and are in the pro	r by ring reating SP s as ed area gitation played ole g mitted	10/18/19
	Residential Services (-One-on-one staffing water meeting held in June, -GRS was aware of the required. Interview on 10/8/19 was a staffing to the required of the required	vas discussed at the annual 2019; e level of supervision DC#3		being approved and complete the LME. -The Assistant Director met w House Managers to review schedules and staffing needs October 16th and 23rd.	ed by	

Division of Health Service Regulation

STATE FORM BB0X11 If continuation sheet 6 of 21

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE :	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW	/ HOME	1009 FAIRF	IELD DRIVE			
TAIRTIE		GASTONIA	, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112		6	V 112	The staff needs for each loca	tion is	
	DC#3 on 9/19/19; -DC#3 passed away of	on 9/19/19·		being met. The review of sta	ffing	
	-Worked alone with Client #1 and DC#3 for the most part; -Client #1 and DC#3 were very challenging due to their behaviors;			needs is ongoing and part of	the	
				agenda of the weekly House		
				Mangers meeting.		
-Very hard for one person to care for both Client #1 and DC#3; -Client #1 and DC#3 required continuous			-The Assistant Director met w	ith the	10/22/19	
			House Managers to ensure th	ney		
	supervision;			understood the staffing needs	of the	
-Did not know if Client #1 or DC#3 required			individuals who live in their lo	cation.		
	one-on-one supervision	on.		This was completed by Octob	er 22.	
	Interview on 10/8/19 v			2019.	,	
		val to the facility on 9/19/19,		-The Assistant Director met w	ith the	10/17/19
	Staff #4 was the only s	staff with Client #1 and		QP's on October 17, 2009 an		10/1//13
		9000 MR 90000 00000		reviewed the QP responsibilit		
	Interview on 10/10/19 revealed:	with the House Manager		ensure the plans written by th	•	
		d per shift with additional		LME are accurate and reflect		
	staff coming in to assis			actual current needs of the pe	7.7.70	
	-DC#3 did not have a staff.	designated one-on-one		,	15011	
				served.		
	Interviews on 10/7/19			The ODIs are reconsible for		
	Qualified Professional -DC#3 required one-o	n-one staffing due to the		The QP's are responsible for		
	higher intensity of sen			monitoring the plans for accur		
	behavioral issues;			and staffing ratio's. QP's will		1
		staff work each shift and to the Assistant Director.		the plans are accurate and co		
				the correct information before	signing	1.
		with the Assistant Director				į
	and Executive Director -DC#3 developed to a	r revealed: point when he no longer		The QP will relay this information	tion to	
	needed one-on-one st	affing;		the House Managers. The Ho	ouse	İ
	-Not sure why it was in			Manager will ensure the corre		
	staffing;	C#1 required one-on-one		ratios are maintained.	Accounts Constitution	

Division of Health Service Regulation

STATE FORM 5899 DB0X11 If continuation sheet 7 of 21

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
		MHL036-239	B. WING		10/1	15/2019
NAME OF P	ROVIDER OR SUPPLIER	1009 FAIRE	PRESS, CITY, ST FIELD DRIVE A, NC 28054	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	-The one-on-one staff treatment plan was m and should have only required as DC#3 was bedroom; -Believed DC#3 receival supervision. This deficiency is cross NCAC 27G .5601 Scc.	ring noted in DC#3's current ore of a historical marker been for when it was s allowed alone time in his	V 112	The AD will monitor to ensrue staffing needs are being met.		
V 289	provides residential se home environment whethese services is the corehabilitation of individial illness, a development or a substance abuse supervision when in the (b) A supervised living the facility serves either (1) one or more (2) two or more Minor and adult clients same facility. (c) Each supervised lilicensed to serve a special designated below: (1) "A" designated serves adults whose pullness but may also have residued."	SCOPE is a 24-hour facility which ervices to individuals in a ere the primary purpose of eare, habilitation or fuals who have a mental tal disability or disabilities, disorder, and who require the residence. If facility shall be licensed if er: minor clients; or adult clients. It is shall not reside in the living facility shall be ecific population as lion means a facility which rimary diagnosis is mental	V 289	The plan on page 6 states that current living environment and services appear to be working well for him. It continues to be successful for DC#3 to remain in a "low ratio setting" with corand familiar staffing. It goes of say, "this is evidenced by the decrease in inappropriate behild environment of the way in the plan meeting in June 1 to 1 staff based on the way in written. GRS QP states that stratio (1 to 1) was NOT discussed during the plan meeting in June 1 to 1 staff based on the way in the plan meeting in June 1 to 1 staff based on the way in the plan meeting in June 1 to 1 staff based on the way in the plan meeting in June 1 to 1 staff based on the way in the plan meeting in June 1 to 1 staff based on the way in the plan meeting in June 1 to 1 t	d g g g g g g g g g g g g g g g g g g g	

PRINTED: 10/22/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL036-239 10/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1009 FAIRFIELD DRIVE **FAIRVIEW HOME** GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) DC#3 had developed to the point of V 289 Continued From page 8 V 289 no longer needing 1 to 1 staff as serves minors whose primary diagnosis is a developmental disability but may also have other evidenced by several prior years of diagnoses; behavior data. In times of "C" designation means a facility which crisis or elevated behavioral needs. serves adults whose primary diagnosis is a developmental disability but may also have other the staffing ratio was lowered either by engaging the other persons "D" designation means a facility which serves minors whose primary diagnosis is served outside of the home or by substance abuse dependency but may also have adding staff into the home during other diagnoses; "E" designation means a facility which parts of the day, sometimes creating serves adults whose primary diagnosis is a 1 to 1 staffing ratio. The BSP substance abuse dependency but may also have other diagnoses; or defines the targeted behaviors as "F" designation means a facility in a aggression, leaving supervised area. private residence, which serves no more than self-injurious behavior, and agitation. three adult clients whose primary diagnoses is mental illness but may also have other These behaviors were not displayed disabilities, or three adult clients or three minor on the day of death. clients whose primary diagnoses is developmental disabilities but may also have The QP stated the staffing ratio needs other disabilities who live with a family and the were not discussed during the plan. family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G The QP told the surveyor that DC#3's .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) PLAN required 1 to 1 staffing based (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); on the way it was written. (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)

Division of Health Service Regulation STATE FORM

(AFL).

(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

DB0X11

The QP's are responsible for

monitoring the plans for accuracy

the plans are accurate and convey

and staffing ratio's. QP's will ensure

the correct information before signing.

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE : COMPL	
			A. BUILDING.			
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW	HOME		FIELD DRIVE			
OVA) ID	SLIMMADY ST	ATEMENT OF DEFICIENCIES	NC 28054	PROVIDER'S PLANTOS CORRECTION	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	Continued From page	9	V 289	Review of all the PCPs		10/18/19
				(annual plans) for all the peop	ole	
	This Rule is not met a	as evidenced by:		served in the Supported Livin	g	
	Based on interview ar	nd record review, the		section was completed by	T.)	
	necessary care and treatment was not provided to individuals in the facility affecting 1 of 2 clients			October 18, 2019 by the QP's	S.	
(Client #1) and 1 of 1 deceased client (DC#3).			Correction requests were sub	mitted		
	The findings are:	to the LME and are in the process of being approved and completed by				
	CROSS REFERENCE			d by		
	Assessment and Treatment/Habilitation or the LME.					
Service Plan (V112) Based on interview and record review, the facility -The Assistant Director		-The Assistant Director met w	ith the	10/23/19		
	failed to implement tre	atment strategies affecting		House Managers to review		
	1 of 1 deceased client	(DC#3).		schedules and staffing needs	on	
	CROSS REFERENCE	E: 10A NCAC 27G .5602		October 16th and 23rd.		
	Staff (V290)	d record review, the facility		The staff needs for each local	ion is	
		d record review, the facility aff-client ratios to enable		being met. The review of staf	fing	
		vidualized client needs		needs is ongoing and part of t	he	
	affecting 1 of 2 clients deceased client (DC#3			agenda of the weekly House		
				Mangers meeting.		
	Review on 10/7/19 of a -Admission date of 9/7	Client #1's record revealed:		-The Assistant Director met w	ith the	10/22/19
	-Diagnoses of Autism	- A Color Strate - Co		House Managers to ensure th	ev	
	Explosive Disorder, Pr			understood the staffing needs	,	
	Syndrome, Raynaud's	lity, Cornelia De Lange Syndrome, Seasonal		individuals who live in their lo		
	Allergies.			This was completed by Octob	er 22.	
	Review on 10/7/10 of I	DC#3's record revealed:		2019.	,	
	-Admission date of 11/			-The Assistant Director met w	ith the	10/17/19
	-Deceased 9/19/19;	Discoules Consequent		QP's on October 17, 2009 and		
	-Diagnoses of Autism I	Disorder, Severe ental Disability, Intermittent		reviewed the QP responsibility		
	Explosive Disorder, Se	eizure Disorder, Elevated		ensure the plans written by the		
	Cholesterol, Neuroderi Onchomycosis, Bladde	matitis, Seasonal Allergies, er Spasms;		chaire the plans whiteh by the	5	ł

Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			B. WING			
		MHL036-239	B. WING		10/1	5/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW	/ HOME		TELD DRIVE			
			, NC 28054	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	Continued From page	10	V 289	LME are accurate and reflect	the	
	-Treatment Plan revealed team meeting date of 6/7/19 with plan implementation effective 9/1/19. "[DC#3] requires 24-hour supervision with			actual current needs of the pe	erson	
				served.		
	specialized trained sta			The QP will relay this informa	tion to	
		[DC#3]'s specific behavioral				
	needs[DC#3] needs	s prompts to slow down		the House Managers. The H		
		his foods. [DC#3] still		Manager will ensure the corre	ect staff	
	needs to be monitored	Market State Control of the Control		ratios are maintained.		
safety[DC#3]'s behavioral needs are extremehis behaviors are severe and requires a controlled environment and requires one-on-one			The AD will monitor to ensrue	the		
			staffing needs are being met.	3 350 500 170 450.0		
	staffing"	7	otaning needs are being met.			
	completed through the Response Improveme [DC#3] was following shome as staff was tryin housemate to leave are behind staff, and staff on his shoes so we coappeared to turn to leashoes. So staff went to thousemate to prepare grabbed staff from beharder [DC#3] to leash prompted [DC#3] as her down into the kitchen for [DC#3] was not responder to get him off of housemate to compression. Hover [DC#3] and staff in prompted housemate to continued chest compression to the continued chest compression the continued chest compression to the continued chest compression to the continued chest compression to the chest c	9/19/19 regarding DC#3 a North Carolina Incident int System revealed: " staff (Staff #4) around the ing to prepare [DC#3] and ind run errands. [DC#3] was prompted [DC#3] to go get uld leave. [DC#3] ave and go put on his is continue to assist ito leave. [DC#3] suddenly hind. Staff stumbled and it her go. Staff continued to and [DC#3] was going floor. Staff realized that inding, so staff rolled him ier. Staff observed that ing and began to perform indications outside the staff ito "Go get the phone!" Staff				

Division of Health Service Regulation

STATE FORM

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
EAID\//EM	LIOME	1009 FAIR	FIELD DRIVE			
FAIRVIEW	HOME	GASTONIA	, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	get help. Staff continuation help arrived and was called. Resident Professional) arrived (cardiopulmonary residemergency medical to Review on 10/7/19 of 9/20/19 written by State on 9/19/19 revealed: -Was in the facility with waiting for the carpet work at the facility; -Staff #4 was in the coroom, living room, surfacility with Client #1 a-Client #1 went outsid -Was watching throug ensure Client #1 was carpet cleaning compadeparted from the facility as -Prompted DC#3 to puplanned outing; -Turned to help Client -Was grabbed from bethe floor with DC#3 farolled DC#3 off and be vomiting and was restraightened DC#3's started chest compressible with the floor assistant was restraightened DC#3 off and be vomiting and was restraightened DC#3's started chest compressible with the floor assistant was restraightened DC#3's started chest compressible with the floor assistant was restraightened DC#3's started chest compressible with the floor assistant was restraightened DC#3's started chest compressible with the continuous prophone to call for assistant restrains the continuous prophone	ued chest compression's 911 and on-call (supervisor) ial QP (Qualified and helped w/ (with) CPR uscitation) until EMT echnician) arrived" the written statement dated aff #4 regarding the incident th Client #1 and DC#3 cleaning company to finish common living areas (dining arroom, and kitchen) of the and DC#3; te on the driveway; th the sunroom window to not on the driveway as the any packed their van and tility; the phone to alert Staff #5 to planned; the on his shoes for the #1 as he returned inside; the ind by DC#3 and fell to anoticed DC#3 appeared to not breathing normally; body on the floor and sions; mpts to Client #1 to get a tance; tetrieved a phone for Staff the. the written statement dated	V 289			
	regarding the incident	Qualified Professional on 9/19/19 revealed:				

Division of Health Service Regulation

DB0X11

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S	
		MHL036-239	B. WING		10/	15/2019
NAME OF F	ROVIDER OR SUPPLIER	1009 FAIR	DRESS, CITY, ST. FIELD DRIVE A, NC 28054	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	-"I observed as EM [DC#3] and overheard to intubate him state to indue to a great amo lodged in his throat Review on 10/7/19 of 9/20/19 written by the of Nursing regarding to revealed: -" Upon entering the was noted to be in the shirtless, and emerge administering manual providing rescue breat During my observation reporting to each other asystole. Manual conceplaced with the LUC attempted to intubate was unsuccessful and too much peanut butted. After several attempts remaining in asystole, a back board by the Eand loaded into an amount of the service of t	T attempted to revive d the medic who was trying hat she couldn't get the tube unt of peanut butter being." the written statement dated Registered Nurse/Director the incident on 9/19/19 thouse (facility), [DC#3] thicken floor, on his back, not personnel were compressions and the via bag valve mask. In of this, I heard the EMTs of the thicken floor, on his back, not pressions were shortly that [DC#3] remained in the pressions were shortly that [DC#3] several times but they were stating 'there is they was transferred to MTs, placed on a stretcher, abulance" with DC#3's Legal led: Il on 9/19/19 and was told the floor and no further shele; I and was informed by the sician DC#3 had passed peanut butter; I eating condiments; I reased over the past year.	V 289			

Division of Health Service Regulation

STATE FORM BB93 DB0X11 If continuation sheet 13 of 21

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED	
				1 Control Control (Control Control Con			
		MHL036-239	B. WING		10/	15/2019	
	Mi 12000-200				1 10/	15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE			
EAIDVIEW	LOME	1009 FAII	RFIELD DRIVE				
FAIRVIEW HOME GASTONIA			IA, NC 28054				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPLETE DATE	
TAG	REGULATORY OR	EGO IDENTI TING INI CINIMATION	TAG	DEFICIEN			
14000	0 15		1/200				
V 289	Continued From page	e 13	V 289				
	Management Entity C	Care Coordinator revealed:					
	-Most current treatme	ent plan revealed one-on-one					
	staffing which was no	t something new to Gaston					
	Residential Services	(GRS) (Licensee);					
	-One-on-one staffing	was discussed at the annual					
	meeting held in June,						
	-GRS was aware of the	ne level of supervision DC#3					
	required.						
	10/0/40	''- Ct-" #4					
	Interview on 10/8/19 with Staff #4 revealed:						
	The second secon	Vas the only staff member with Client #1 and					
	DC#3 on 9/19/19; -DC#3 passed away of	on 0/10/10:					
		lient #1 and DC#3 for the					
	most part;	ment #1 and DO#3 for the					
		were very challenging due to					
	their behaviors;	word very chamonging add to					
	-Very hard for one per	rson to care for both Client					
	#1 and DC#3;						
	-Client #1 and DC#3 i	required continuous					
	supervision;						
		hen Client #1 and DC#3 ate					
	due to choking conce						
	The state of the s	nuch food on his spoon and					
	The state of the s	e food and would end up					
		was eating too quickly;					
		t #1 or DC#3 required					
	one-on-one supervision	OII.					
	Interview on 10/8/19	with Staff #5 revealed:					
	 -Was on her way to the facility from a sister facility in order to assist Staff #4 with switching agency vans; 						
		Staff #4 on 9/19/19 at					
		m telling Staff #5 to hurry up					
		as happening with DC#3;					
		ne floor on his back with					
		nest compressions when					
	Staff #5 entered the fa						
- Staff #4 was out of breath;		1					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW HOME		, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	was the only staff with Interview on 10/10/19 revealed: -Only one staff worker staff coming in to assisue. DC#3 did not have a staff. Interviews on 10/7/19 Qualified Professional -DC#3 obsessed on for impulsive; -DC#3 required one-on higher intensity of sembehavioral issues; -Client #1 and DC#3 wattending day program -DC#3's behaviors incomputed interview of how many deferred this question. Attempted interview of how many deferred this question. Attempted interview of unsuccessful as Clien. Interview on 10/7/19 wrevealed: -Was still waiting for a -An autopsy was orded take months for the result of the peach	ival to the facility, Staff #4 in Client #1 and DC#3. with the House Manager diper shift with additional st during the day; designated one-on-one and 10/10/19 with the live revealed: bod and drinks and was in-one staffing due to the vices required and his livere home daily without in; streased since late 2018; undergoing some behavioral action changes; staff work each shift and to the Assistant Director. In 10/9/19 with Client #1 was till was non-verbal. With the Assistant Director death certificate for DC#3; and for DC#3 but it could sults of the autopsy; nut butter; but the Assistant Director with the Assistant Director in the A	V 289			
	needed one-on-one st	affing;				

Division of Health Service Regulation

STATE FORM DB0X11 If continuation sheet 15 of 21

MHL036-239 MRUDEPS PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEPLICATIONS GASTONIA, NC 28054 SUMMARY STATEMENT OF DEPLICATIONS GASTONIA, NC 28054 MREGULATORY OR LIS IDENTIFYING INFORMATION) PRETIX TAG P			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MANGE OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE 1098 FARRIELD DRIVE GASTONIA, NC 28094 OCA) ID PREFIX INC OCA) INC PREFIX INC INC PREFIX INC OCA) INC PREFIX INC INC PREFIX INC INC INC PREFIX INC	AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPL	ETED
PAIRVIEW HOME SUMMARY STATEMENT OF DEFICIENCIES CASTOMIA, NC 28094		MHL036-239 B. WNG		10/-	15/2019		
CASTONIA, NC 28054 CASTONIA NC 28054	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
OCASIONA, No. 28094 SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED CROSS-RE	EAID\/IE\A	LOME	1009 FAIRE	IELD DRIVE			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 289 Continued From page 15 -Not sure why it was indicated in the treatment plan that DC#1 required one-or-one staffing, -The one-on-one staffing noted in DC#3's current treatment plan bat DC#1 required one-or-one staffing and should have only been for when it was required as DC#3' was allowed alone time in his bedroom; -Believed DC#3 received adequate staff supervision. Review on 10/15/19 of the Plan of Protection dated 10/15/19 written by the Assistant Director revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -A review of all plans will take place to ensure the information is accurate in regards to staffing needs are metMeet with house managers to ensure staffing needs are metMeet with Provediles to ensure staffing needs are metMeet with Provediles to ensure staffing needs are metReview with QP (Qualified Professional) monitoring of plans written by others to ensure accuracy. Describe your plans to make sure the above happensThe QP's will review plans for all the people served by GRS (Gaston Residential Services) (Licensee) to ensure staffing needs and other needs are met. They will complete a check off of this processes to be completed by October 18, 2019, -The Assistant Director will meet with the house managers to review schedules to ensure staffing is provided. This will be done October 16 and a	FAIRVIEW HOME GASTONIA			, NC 28054			
-Not sure why it was indicated in the treatment plan that DC#1 required one-on-one staffing; -The one-on-one staffing noted in DC#3's current treatment plan was more of a historical marker and should have only been for when it was required as DC#3 was allowed alone time in his bedroom; -Believed DC#3 received adequate staff supervision. Review on 10/15/19 of the Plan of Protection dated 10/15/19 written by the Assistant Director revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -A review of all plans will take place to ensure the information is accurate in repards to staffing that meets the needs of the personReview staff schedules to ensure staffing needs are metMeet with house managers to ensure they understand the staffing needs of their home. Then do weekly meetingsReview with QP (Qualified Professional) monitoring of plans written by others to ensure accuracy. Describe your plans to make sure the above happensThe QP's will review plans for all the people served by GRS (Gaston Residential Services) (Licensee) to ensure staffing needs and other needs are met. They will complete a check off of this processes to be completed by October 18, 2019The Assistant Director will meet with the house managers to review schedules to ensure staffing is provided. This will be done October 16 and a	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
follow up meeting will occur Oct. 23. This will be an ongoing meeting.	V 289	-Not sure why it was in plan that DC#1 required. The one-on-one staff treatment plan was mand should have only required as DC#3 was bedroom; -Believed DC#3 receivs upervision. Review on 10/15/19 or dated 10/15/19 writter revealed: "What will you immediabove rule violations in from further risk or addiabove rule violations in from further risk	indicated in the treatment ed one-on-one staffing; fing noted in DC#3's current ore of a historical marker been for when it was a allowed alone time in his wed adequate staff If the Plan of Protection in by the Assistant Director fiately do to correct the in order to protect clients ditional harm? Will take place to ensure the enin regards to staffing that enders to ensure staffing needs and sets to ensure they gneeds of their home. Ings. Ingified Professional) Initiating the people on Residential Services) Instaffing needs and other will complete a check off of ompleted by October 18, It will meet with the house chedules to ensure staffing needs on October 16 and a	V 289	-		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		West Colors Co.	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL036-239		B. WING		10/	15/2019	
NAME OF P	ROVIDER OR SUPPLIER	1009 FAIR	DRESS, CITY, ST. FIELD DRIVE A, NC 28054	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 289	-The Assistant Director (House Managers) incumerstand the staffin location by Oct 22nd 3-The Assistant Director the QP's to provide the QP's to provide the QP's to provide documentation. Deceased Client #3 (I who required one-on-resided with the Licenth had a history of eating on food as a result of obsessed about food impulsive. His diagnor Disorder, Severe Intel Disabilities, Intermitter Seizure Disorder, Internated Profound Intellect Disability. The facility one-on-one staffing id treatment plan. In fail one-on-one staffing, the Client #1's and DC#3's not maintained. As a necessary supervision peanut butter, choked rely on Client #1 to se #4 could call for emerging deficiency constitutes serious harm and neg within 23 days. An ad \$8,000.00 is imposed. corrected within 23 da	or will meet with all HM dividually to ensure they g needs of their assigned 2019. or will meet individually with aining of review of plans and in by Oct 17, 2019." DC#3) was a 49-year-old one supervision. He see for over 20 years. He g condiments and gagging eating too quickly. He and drinks and was highly sees included Autism lectual Developmental int Explosive Disorder, and ent #1's diagnoses included mittent Explosive Disorder, and lot implement entified in DC#3's current ing to provide the me necessary ratio to meet is supervision needs were result of the lack of an DC#3 was able to ingest and died. Staff #4 had to cure a telephone so Staff gency assistance. This a Type A1 rule violation for lect and must be corrected ministrative penalty of If the violational of \$500.00 per day will be the facility is out of	V 289			

Division of Health Service Regulation

STATE FORM

DB0X11

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL036-239	B. WING		10/1	5/2019
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET A			ATE, ZIP CODE		
FAIRVIEW	HOME		NC 28054			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETE DATE
V 290	Continued From page	17	V 290	The plan on page 6 states that		10/23/19
V 290	27G .5602 Supervised	d Living - Staff	V 290	current living environment and		
				services appear to be working		
	10A NCAC 27G .5602 (a) Staff-client ratios			well for him. It continues to b		
	numbers specified in	Paragraphs (b), (c) and (d)		successful for DC#3 to remain		
		etermined by the facility to d to individualized client		in a "low ratio setting" with co		
	needs.	a to marviadalized client		and familiar staffing. It goes	on to	
		e staff member shall be		say, "this is evidenced by the		
		nen any adult client is on the in the client's treatment or		decrease in inappropriate bel	navior	
	habilitation plan docur	ments that the client is		" episodes."	n 200	
		in the home or community The plan shall be reviewed		GRS QP reported that he told		
	as needed but not les	s than annually to ensure		surveyor that DC#3's PLAN re		
		be capable of remaining in ty without supervision for		1 to 1 staff based on the way	2552	
	specified periods of tir			written. GRS QP states that s		
	(c) Staff shall be pres			ratio (1 to 1) was NOT discus		
	child or adolescent cli	atios when more than one ent is present:		during the plan meeting in Jui).
	(1) children or a	dolescents with substance		DC#3 had developed to the p	-	1
		be served with a minimum r every five or fewer minor		no longer needing 1 to 1 staff		
	clients present. How	ever, only one staff need be		evidenced by several prior ye	ars of	1
		ng hours if specified by the		behavior data. In times of		
	the governing body; o	rocedures determined by r		crisis or elevated behavioral r	20	
	(2) children or adolescents with			the staffing ratio was lowered		
		ities shall be served with every one to three clients		by engaging the other person		
	present and two staff	present for every four or		served outside of the home or		
	more clients present. need be present durin	However, only one staff a sleeping hours if		adding staff into the home dur		
	specified by the emerg	gency back-up procedures		parts of the day, sometimes c	reating	ĺ
	determined by the gov	verning body. serve clients whose primary		a 1 to 1 staffing ratio.		
	diagnosis is substance					
		staff member who is on				

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.110 1 2 111			A. BUILDING:			
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
FAIRVIEW	/ HOME		FIELD DRIVE			
			, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290	duty shall be trained i withdrawal symptoms secondary complicating drug addiction; and (2)—the services abuse counselor shall as-needed basis for each of the services abuse counselor shall as-needed basis for each of the services are failed to implement states.	n alcohol and other drug and symptoms of ons to alcohol and other of a certified substance I be available on an each client. as evidenced by: nd record review, the facility aff-client ratios to enable	V 290	The BSP defines the targeted behaviors as aggression, lead upervised area, self-injurious behavior, and agitation. These behaviors were not discontine day of death. The QP stated the staffing rawere not discussed during the The QP told the surveyor that PLAN required 1 to 1 staffing	ving splayed tio need e plan. t DC#3'	ds
Revie -Adm -Diag Explo Devel Syndi Allerg Revie -Adm -Dece -Diag Intelle Explo Chole Onch -Treat 6/7/19 "[D specie awake	affecting 1 of 2 clients deceased client (DC# Review on 10/7/19 wi-Admission date of 9/-Diagnoses of Autism Explosive Disorder, P Developmental Disab Syndrome, Raynaud's Allergies. Review on 10/7/19 of -Admission date of 11-Deceased 9/19/19; -Diagnoses of Autism Intellectual Developm Explosive Disorder, S Cholesterol, Neurode Onchomycosis, Bladd -Treatment Plan revea 6/7/19 with plan imple "[DC#3] requires 24 specialized trained sta	rith Client #1 revealed: 1/7/03; In Disorder, Intermittent Profound Intellectual Dility, Cornelia De Lange Is Syndrome, Seasonal If DC#3's record revealed: 1/8/1996; In Disorder, Severe Inental Disability, Intermittent Seizure Disorder, Elevated Intermittis, Seasonal Allergies, Ider Spasms; Italian meeting date of Intermittent of Italian meeting date of Italian m		Review of all the PCPs (annual plans) for all the peopserved in the Supported Livin section was completed by October 18, 2019 by the QP's Correction requests were subto the LME and are in the probeing approved and complete the LME. -The Assistant Director met will House Managers to review schedules and staffing needs October 16th and 23rd.	eg omitted ocess of ed by vith the	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL036-239	B. WING		10/	15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
FAIRVIEW	/ HOME		FIELD DRIVE			
		GASTONIA	NC 28054	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290	Continued From page	e 19 v his foods. [DC#3] still	V 290	The staff needs for each local being met. The review of star		
		d closely in kitchen for			_	
	safety[DC#3]'s beh			needs is ongoing and part of	ine	
		rs are severe and requires a		agenda of the weekly House		
	staffing"	nt and requires one-on-one		Mangers meeting.		
	Interview on 10/8/19 with DC#3's Local Management Entity Care Coordinator revealed:			-The Assistant Director met w	ith the	10/22/19
				House Managers to ensure th	iey	
				understood the staffing needs	of the	
	 -Most current treatment plan revealed one-on-one staffing which was not something new to Gaston 			individuals who live in their lo		
	Residential Services (GRS) (Licensee);					
		was discussed at the annual		This was completed by Octob	ei 22,	
	meeting held in June,	2019; ne level of supervision DC#3		2019.		
	required.	ie ievei of supervision Do#5		-The Assistant Director met w	ith the	10/17/19
	,			QP's on October 17, 2009 and	d	
	Interview on 10/8/19 v			reviewed the QP responsibility	y to	
	-VVas the only staff me DC#3 on 9/19/19;	ember with Client #1 and		ensure the plans written by th	е	
	-DC#3 passed away of	on 9/19/19;		LME are accurate and reflect	200	
		lient #1 and DC#3 for the		actual current needs of the pe		
	most part;	uara yani ahallanaina dua ta			13011	
	their behaviors;	vere very challenging due to		served.		
		son to care for both Client				
	#1 and DC#3;			The QP will relay this informa	tion to	
	-Client #1 and DC#3 r supervision;	equired continuous		the House Managers. The Ho	ouse	
	-Did not know if Client	#1 or DC#3 required		Manager will ensure the corre	ct staff	
	one-on-one supervision			ratios are maintained.		
				The AD will monitor to ensrue	the	
	Interview on 10/8/19 v	vith Staff #5 revealed: val to the facility on 9/19/19,		staffing needs are being met.		
		staff with Client #1 and		staining freeds are being met.		
	Interview on 10/10/19 revealed:	with the House Manager				
	-Only one staff worked	d per shift with additional				

MHL036-239 B WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1200-10-10-10-10-10-10-10-10-10-10-10-10-1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1009 FAIRFIELD DRIVE GASTONIA, NO. 28054 (24) ID PREFIX TAG CASTONIA NO. 28054 (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 290 Continued From page 20 staff coming in to assist during the day; -DC#3 did not have a designated one-on-one staffi. Interviews on 10/7/19 and 10/10/19 with the Qualified Professional revealed: -DC#3 required one-on-one staffing due to the higher intensity of services required and his behavioral issues; -Unsure of how many staff work each shift and deferred this question to the Assistant Director. Interview on 10/15/19 with the Assistant Director and Executive Director revealed: -DC#3 developed to a point when he no longer needed one-on-one staffing; -Not sure why it was indicated in the current treatment plan was more of a historical marker and should have only been for when it was required as DC#3 received adequate staff supervision. This deficiency is cross referenced into 10A NCAC 27G, 5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23				A. BUILDING.			
C(4) ID SUMMARY STATEMENT OF DEFICIENCES DID PROVIDER'S PLAN OF CORRECTION CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCE OT THE APPROPRIATE DATE DATE			MHL036-239	B. WING		10/	15/2019
CASTONIA, NC 28054	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION (MASS HEAD PRICIDENCY NUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMPLETE DATE	FAIRVIEW	/ HOME					
staff coming in to assist during the day; -DC#3 did not have a designated one-on-one staff. Interviews on 10/7/19 and 10/10/19 with the Qualified Professional revealed: -DC#3 required one-on-one staffing due to the higher intensity of services required and his behavioral issues; -Unsure of how many staff work each shift and deferred this question to the Assistant Director. Interview on 10/15/19 with the Assistant Director and Executive Director revealed: -DC#3 developed to a point when he no longer needed one-on-one staffing; -Not sure why it was indicated in the current treatment plan that DC#1 required one-on-one staffing; -The one-on-one staffing noted in DC#3's current treatment plan was more of a historical marker and should have only been for when it was required as DC#3 was allowed alone time in his bedroom; -Believed DC#3 received adequate staff supervision. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23	PREFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
		Continued From page staff coming in to assi-DC#3 did not have a staff. Interviews on 10/7/19 Qualified Professional -DC#3 required one-ohigher intensity of sembehavioral issues; -Unsure of how many deferred this question Interview on 10/15/19 and Executive Directo-DC#3 developed to a needed one-on-one staff treatment plan that DC staffing; -The one-on-one staff treatment plan was mand should have only required as DC#3 was bedroom; -Believed DC#3 receivs supervision. This deficiency is cross NCAC 27G .5601 Scorule violation and must	ist during the day; designated one-on-one and 10/10/19 with the il revealed: on-one staffing due to the rvices required and his staff work each shift and in to the Assistant Director. with the Assistant Director or revealed: a point when he no longer staffing; indicated in the current C#1 required one-on-one fing noted in DC#3's current lore of a historical marker been for when it was a allowed alone time in his ved adequate staff as referenced into 10A ope (V289) for a Type A1				

Division of Health Service Regulation

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