

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/04/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRISTON DRIVE AFL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4201 TRISTON DRIVE GREENSBORO, NC 27407</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual and Complaint Survey was completed on December 4, 2019. The complaint was substantiated (intake #NC00158283). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600F: Supervised Living for Alternative Family Living</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, one of one facility Director, failed to demonstrate the knowledge, skills or ability required by the population served. The findings are:</p> <p>Review on 12-2-19 of client #1 ' s facility record revealed he was:</p> <ul style="list-style-type: none"> <li>- admitted 12-21-18</li> <li>- 73 years old</li> <li>- diagnosed with: <ul style="list-style-type: none"> <li>- Psychotic Disorder, Not Otherwise Specified</li> <li>- Asperger ' s Syndrome</li> <li>- Major Depressive Disorder</li> <li>- Moderate Intellectual Disability</li> </ul> </li> <li>- assessment dated 12-20-18 indicated: <ul style="list-style-type: none"> <li>- good memory</li> <li>- good personality</li> <li>- can roll himself in wheelchair</li> <li>- can stand but only briefly</li> <li>- can transfer self from wheelchair to bed and shower chair</li> </ul> </li> </ul> <p>Interview on 12-3-19 with client #1 revealed:</p>	V 110		

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- he liked living at the facility</li> <li>- he and the Director got along, "good"</li> <li>- when asked if the Director was helpful replied, "Yes he is"</li> <li>- reported the Director bathed him</li> <li>- reported the Director bathed him in the shower and in the bed</li> <li>- more often bathes client #1 in his bed than in the shower</li> <li>- "I ' d rather have a bath in the bed"</li> <li>- when asked if he was completely dry before the Director helps him get dressed, he stated, "Yes I am"</li> </ul> <p>Interview with client #1 ' s Day Program Administrator revealed:</p> <ul style="list-style-type: none"> <li>- staff at the day program noticed client #1 came to the program with an odor</li> <li>- "I think it ' s a hygiene area that needs to be addressed"</li> <li>- "[client #1] loves it at (his group) home ... he can make his needs known."</li> <li>- "I didn ' t want this to be a formal complaint, or anybody to get in trouble."</li> <li>- "Overall the issue has improved, I just think they (the group home) ' bit off more than they could chew ' ."</li> <li>- "[client #1] is getting older and his medical and skin issues are getting worse"</li> </ul> <p>Interview on 12-4-19 with client #1 ' s Care Coordinator revealed:</p> <ul style="list-style-type: none"> <li>- since client #1 was admitted to the day program in May, 2019 they have had ' on and off ' concerns about client #1 ' s hygiene</li> <li>- in August of 2019 there were no sores on client #1</li> <li>- on 9-10-19 the day program staff were</li> </ul>	V 110		

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V 110	<p>Continued From page 3</p> <p>concerned about an odor around client #1, but the Care Coordinator did not smell it</p> <ul style="list-style-type: none"> <li>- on 9-26-19 the nurse from the day program noticed pressure type sores that were healing</li> <li>- on 11-12-19, the sores were still visible</li> <li>- on 11-21-19 she visited the home and noted 2 pressure type bed sores on client #1 that were healing</li> </ul> <p>Review on 12-4-19 of notes written by day program staff to communicate client #1 ' s daily activities and issues with his residential staff revealed:</p> <ul style="list-style-type: none"> <li>- from 9-26-19 to 12-2-19 there were 29 notes written</li> <li>- all but one note typically reported:               <ul style="list-style-type: none"> <li>- "no concerns"</li> <li>- "good day"</li> <li>- "meals eaten"</li> <li>- restroom and toileting results</li> </ul> </li> <li>- a note on 10-21-19 indicated; "staff noticed a smell on [client #1]. But he was completely dry."</li> </ul> <p>Interview on 12-3-19 with the facility Director revealed:</p> <ul style="list-style-type: none"> <li>- client #1 has anxiety issues related to taking a shower</li> <li>- client #1 sees a psychiatrist for medication management, and he is prescribed a prn medication for anxiety</li> <li>- despite client #1 having a prn medication for anxiety, he was not administering the medication prior to giving client #1 a shower</li> <li>- we still do a shower sometimes, but he prefers a sponge bath</li> <li>- we have a hooyer lift to get him in and out of the shower</li> <li>- the day program staff have complained</li> </ul>	V 110		

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V 110	<p>Continued From page 4</p> <p>about client #1 ' s hygiene</p> <ul style="list-style-type: none"> <li>- he had responded quickly to client #1 ' s pressure type sores</li> <li>- he had taken client #1 to his primary care physician</li> <li>- he had taken client #1 to the wound care center</li> <li>- the wound care center recommended a different type of cushion for client #1 ' s wheelchair, so that was obtained immediately</li> <li>- the doctors also said client #1 needed to be re-positioned at least every 2 hours, so we ' ve been doing that</li> </ul> <p>Interview on 12-4-19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- she visits the facility at least twice a month</li> <li>- she, "just pops in" at night, in the morning or on weekends</li> <li>- the facility Director was trained when client #1 was admitted</li> <li>- client #1 needs to be completely dry before clean clothes are put on him every day.</li> <li>- "I know [Director] uses powder ..." on client #1</li> </ul> <p>Interview on 12-3-19 with the Licensee/Administrator revealed:</p> <ul style="list-style-type: none"> <li>- the Director got client specific training</li> <li>- "I don ' t know if it was spelled out that specifically</li> </ul>	V 110		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE</p>	V 111		

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V 111	<p>Continued From page 5</p> <p>PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to conduct a pertinent medical history; and evaluations or medical assessment as appropriate to the client ' s needs, for one (client #1) of one client surveyed. The findings are:</p>	V 111		
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V 111	<p>Continued From page 6</p> <p>Review on 12-2-19 of client #1 ' s facility record revealed he was:</p> <ul style="list-style-type: none"> <li>- admitted 12-21-18</li> <li>- 73 years old</li> <li>- diagnosed with:               <ul style="list-style-type: none"> <li>- Psychotic Disorder, Not Otherwise Specified</li> <li>- Asperger ' s Syndrome</li> <li>- Major Depressive Disorder</li> <li>- Moderate Intellectual Disability</li> </ul> </li> <li>- assessment dated 12-20-18 indicated:               <ul style="list-style-type: none"> <li>- good memory</li> <li>- good personality</li> <li>- can roll himself in wheelchair</li> <li>- can stand but only briefly</li> <li>- can transfer self from wheelchair to bed and shower chair</li> <li>- no current assessment indicating additional medical needs related to client #1 ' s:                   <ul style="list-style-type: none"> <li>- inability to independently transfer to and from his wheelchair</li> <li>- need for assistive devices for lifting client in and out of his bed</li> <li>- need for assistive devices for lifting client in and out of the shower</li> <li>- use of prn medications for decreasing client #1 ' s anxiety, prior to anxiety-producing activities such as bathing</li> </ul> </li> </ul> </li> </ul> <p>Interview on 12-3-19 with the facility Director revealed:</p> <ul style="list-style-type: none"> <li>- when client #1 arrived at the facility he was more mobile than he is currently</li> <li>- he is very anxious about being out of his wheelchair</li> <li>- an assessment might be completed annually, prior to his treatment team meeting to</li> </ul>	V 111		

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V 111	<p>Continued From page 7</p> <p>update his treatment plan</p> <ul style="list-style-type: none"> <li>- there was no comprehensive medical assessment of client #1, after he began having pressure sores</li> <li>- client #1 was taken to his primary care doctor and the wound care center for the acute treatment of his pressure-like sores</li> <li>- "I think it ' s good to have as much information as you can have, it ' s just better all the way around -instead of running around here like it ' s a pop quiz (and not fully knowing what to do)."</li> </ul> <p>Interview on 12-3-19 with the Licensee/Administrator revealed:</p> <ul style="list-style-type: none"> <li>- treatment team meetings are held at least annually</li> <li>- each client ' s Individual Service Plan is reviewed annually</li> <li>- annual reviews focus on areas such as:                             <ul style="list-style-type: none"> <li>- medical needs</li> <li>- adaptive equipment</li> <li>- basic care needs</li> </ul> </li> <li>- client #1 had not been reviewed recently</li> </ul>	V 111		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> <li>(A) name (last, first, middle, maiden);</li> <li>(B) client record number;</li> <li>(C) date of birth;</li> <li>(D) race, gender and marital status;</li> <li>(E) admission date;</li> <li>(F) discharge date;</li> </ul>	V 113		



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V 113	<p>Continued From page 8</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a client record for each individual admitted to the facility which contained at least; an identification face sheet, documentation of screenings and assessments,</p>	V 113		

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V 113	<p>Continued From page 9</p> <p>for one (client #1) of one clients surveyed. The findings are:</p> <p>Review on 12-2-19 of client #1 ' s facility record revealed:</p> <ul style="list-style-type: none"> <li>- he was admitted 12-21-18</li> <li>- he was 73 years old</li> <li>- he was diagnosed with:               <ul style="list-style-type: none"> <li>- Psychotic Disorder, Not Otherwise Specified</li> <li>- Asperger ' s Syndrome</li> <li>- Major Depressive Disorder</li> <li>- Moderate Intellectual Disability</li> </ul> </li> <li>- there was no identification face sheet</li> </ul> <p>Interview on 12-3-19 with the facility Director revealed:</p> <ul style="list-style-type: none"> <li>- there was another file for each client at the administrative office</li> <li>- files at the administrative office were comprehensive</li> <li>- there was no face sheet for client #1 which contained:               <ul style="list-style-type: none"> <li>- legal guardian information</li> <li>- allergy information</li> <li>- emergency telephone numbers</li> <li>- relevant medical information</li> </ul> </li> <li>- he could see the need to have identification and emergency information readily available in the client files kept at the facility</li> <li>- "I think it ' s good to have as much information as you can have, it ' s just better all the way around ..."</li> </ul> <p>Interview on 12-4-19 with the Licensee/Administrator revealed:</p> <ul style="list-style-type: none"> <li>- there were identification face sheets for</li> </ul>	V 113		

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V 113	Continued From page 10  each client - these documents were in the client files located at the administrative office - "[facility Director] came and got the face sheets today, this morning when we opened up, to put them in the client ' s charts (at the facility)."	V 113		