

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2019
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NAME OF PROVIDER OR SUPPLIER ANN'S LAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 11, 2019. Deficiencies weres cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</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> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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>	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>This Rule is not met as evidenced by: Based on observation and interview, 1 of 5 paraprofessional staff (#3) failed to demonstrate competency in the area of decision making. The findings are:</p> <p>Observation on 11/26/19 at 7:30am revealed:</p> <ul style="list-style-type: none"> - two metal trash containers overflowing with bags of trash in an area approximately 10 feet in front of a car port with cinder blocks and wooden columns - dark black burn circles on the ground around the trash containers - when the top trash bags were removed the containers were half full of burned trash and cans - a strong smell of ash emanated from the trash containers <p>During an interview on 11/26/19, House Manager #1 reported:</p> <ul style="list-style-type: none"> - she had worked at the facility since July, 2019 - there had always been a problem with trash at the facility - she was not sure why there was a problem with picking up the trash - the agency had only sent staff one time to get rid of trash - staff #3 reportedly asked for the trash barrels - staff #3 was the person who burned the trash. No other staff person burned trash - she was not sure wether the administration knew client #3 was burning the household trash 	V 110		

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> - she did not think it should be burned at the group home <p>During interviews on 11/26/19 both client #1 and #2 reported they had not been present when trash was being burned at the group home.</p> <p>During interviews on 11/26/19, 3 additional staff reported:</p> <ul style="list-style-type: none"> - staff #3 burned household trash in the barrels outside the facility - they did not see her burning trash in front of the clients - they were not sure why she did it but all said there was a problem with trash pickup - all three said they did not think trash should be burned at the facility and they would never do it themselves <p>During an interview on 12/3/19, the Chief Operations Officer reported:</p> <ul style="list-style-type: none"> - they contracted with a disposal company to pick up the trash - she did not have the name or phone number of the company - she would get the name and number and give it to the Division of Health Service Regulation (DHSR) surveyor - staff should "absolutely never" be burning trash at the facility - the agency had sent out their own maintenance staff to do trash runs when the group home called and complained about the trash <p>As of 12/11/19 no information about the trash disposal company had been given to the DHSR office.</p>	V 110		

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V 111	Continued From page 3	V 111		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE 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"> (1) the client's presenting problem; (2) the client's needs and strengths; (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; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <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 record review and interview, the facility</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>failed to ensure an assessment was completed for clients prior to the delivery of services effecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>a. Review on 11/26 19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 7/1/19 - diagnoses of Disruptive Mood Dysregulation Disorder (DO), Mild Intellectual and Developmental DO, Intermittent Explosive DO, Antisocial Personality DO, Diabetes, Obesity and Psoriasis - no completed screening form or admission assessments in the record <p>b. Review on 11/26 19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date 6/25/19 - diagnoses of Chronic Schizophrenia, Post Traumatic Stress DO, Cocaine and Cannabis Use DO, Diabetes, Obesity, Sickle Cell Trait, Chronic Bronchitis, Iron Deficiency, Gastro Esophageal Reflux DO, Asthma and Dyslipidemia - no completed screening form or admission assessments in the record <p>During an interview on 12/3/19, the Chief Operations Officer reported:</p> <ul style="list-style-type: none"> - the Clinical Director (CD) kept all the assessments in her file and she did not have access to them - the CD was on a 2 day conference in another city - she would notify the CD when she returned on 12/5/19 that she needed to fax the admissions assessment to the Division of Health Service Regulation (DHSR) for review. <p>During an interview on 12/9/19, the CD reported</p>	V 111		

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V 111	Continued From page 5 she would fax the assessments and other required paperwork by the end of the business day. As of 12/11/19 no paperwork had been faxed to the DHSR office.	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are: Review of a copy of the facility's Division of Health Service Regulation's License revealed the License was issued on May 30, 2019. During an interview on 11/26/19, House Manager	V 114		

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V 114	<p>Continued From page 6</p> <p>#1 reported the drills were conducted on 3 shifts; morning/early afternoon; late afternoon/evening and overnight.</p> <p>Review on 12/2/19 of fire and disaster drills between 6/1/19 and 12/2/19 revealed:</p> <ul style="list-style-type: none"> - 3rd quarter: July - September, 2019: <ul style="list-style-type: none"> - 1 fire drill on 8/17/19 on the 3rd shift - 1 disaster drill on 8/7/19 on 3rd shift - 4th quarter: October - December, 2019 <ul style="list-style-type: none"> - 1 fire drill on 11/21/19 on 1st shift - 2 disaster drills: a. 11/13/19 2nd shift (tornado) <li style="padding-left: 40px;">b. 11/21/19 1st shift (tornado) <p>Note: There are 3 weeks time left to complete all required drills in the 4th quarter. The third quarter time has passed.</p> <p>During an interview on 11/26/19, the House Manager reported all paperwork including drills when they happened were sent in to administration on every Friday.</p> <p>During an interview on 12/3/19, the Chief Operations Officer (COO) reported:</p> <ul style="list-style-type: none"> - the Clinical Director (CD) kept all the drills in her file and she (COO) did not have access to them - the CD was on a 2 day conference in another city - she would notify the CD when she returned on 12/5/19 that she needed to fax the drills to the Division of Health Service Regulation (DHSR) for review. <p>During an interview on 12/9/19, the CD reported she would fax the drills and other required paperwork by the end of the business day.</p> 	V 114		

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V 114	Continued From page 7 As of 12/11/19 at 10:30AM, no paperwork had been faxed to the DHSR office.	V 114		