| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL001-094 | A. BUILDING: _____ B. WING _____ | 12/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

| (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 000 | INITIAL COMMENTS<br><br>An annual and complaint survey was completed on December 12, 2019. The complaint was substantiated (Intake #NC00158687). Deficiencies were cited.<br><br>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<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(f) Continuing education shall be documented.<br>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br>(1) general organizational orientation;<br>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;<br>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br>(4) training in infectious diseases and bloodborne pathogens.<br>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.<br>(i) The governing body shall develop and implement policies and procedures for identifying, | V 108 | | |

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|---|---|---|---|---|
| V 108 | Continued From page 1<br>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility management failed to assure 1 of 6 audited staff (#1) was trained to meet the needs of 1 of 1 former client (FC#1) The findings are:<br><br>Review on 12/11/19 of Staff #6's record revealed:<br>- Hire date of 2/11/19 as Life Skill Instructor (LSI)<br>- Her current employment status is part time.<br>-No documentation of training to use the Hoyer lift.<br>-No documentation of training to check and change catheter.<br>-No documentation of orientation or training to do bedroom checks during sleeping hours.<br>-No documentation of training to meet the mental health, developmental disability and medical needs of Former Client #1.<br><br>Review on 12/11/19 of FC #1's record revealed:<br>-Admission date of 6/14/99.<br>-Diagnoses of Moderate IDD, Cerebral Palsy, Schizoaffective Disorder, Major Depressive Disorder, Mood Disorder, Spastic Quadriplegic, Catatonic Disorder, Urinary Tract Infection, Legal Blindness, Neurogenic Bowel, GERD, Neuromuscular Dysfunction of the Bladder and Hypertension.<br>-FC#1 has limited mobility and movement and is confined to a wheelchair and sleeps in a hi-lo semi-electric bed with rails.<br>-Staff is to turn and position FC#1 every 2-3 | V 108 | | |

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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|---|---|---|---|---|
| V 108 | Continued From page 2<br>hours while in bed sleeping to keep pressure sores from developing.<br>-FC#1 is fitted with a suprapubic catheter. The catheter was placed in order to help reduce FC#1's recurrent uninary tract infections.<br>-Staff should check the catheter and empty urine bag every 2-3 hours. It should drain 300-400 cc's every 8 hours. If there is no urine in the bag staff should check the tubbing for blockage that could stop the flow of urine.<br><br>Review on 12/11/19 of FC #1's Monitoring Guidelines dated 9/5/19 revealed:<br>-"[FC #1] has multiple medical issues requiring visual monitoring, observation and monitoring intake catheter site/bag and output and skin integrity."<br>-Staff should check the catheter and empty urine bag every 2-3 hours. It should drain 300-400 cc's every 8 hours. If there is no urine in the bag staff should check the tubbing for blockage that could stop the flow of urine.<br>-Staff are to make sure the side rails are up on FC #1's bed. The catheter drains with a gravity drainage system so the bag should be hung on the bedside using the hanger at night. In the day, when FC#1 is sitting up in the chair staff should change the catheter to the leg drainage bag, which is strapped to her leg, like a holster.<br>-The catheter is changed weekly.<br>-While FC#1's is sleeping she can be turned every 3 hours unless she is experiencing skin breakdown.<br><br>Interview with Staff #6 on 12/12/19 revealed:<br>-She started working for Ralph Scott in February, 2019.<br>-She started her employment as a co-manager at Spring Hill Group Home, but requested to work part-time for personal reasons. | V 108 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL001-094 | A. BUILDING: _____ B. WING _____ | 12/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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|---|---|---|---|---|
| V 108 | Continued From page 3<br>-She only worked 1st shift, until she started working part-time.<br>-She had only worked 2nd shift for about a week when FC#1 had fallen out of her bed.<br>-She was working the night shift with another staff, because of coverage problems the facility was having.<br>-When she started she received orientation, and training in CPR, First Aid, client rights and restrictive intervention.<br>-She had not completed and received her certification in medication administration.<br>-Because she worked days and with other staff she never had to administer medication.<br>-She was never trained on the night shift duties for staff.<br>-She was not traained to do bedchecks.<br>-She was not trained to turn FC#1 or on how to check her catheter.<br><br>Interview with Program Director on 12/12/19 revealed:<br>-Staff #6 received her basic orientation right after she was hired as well as her trainings.<br>-Staff #6 had not completed her training in medication Administration, because she needed to be observed by our nurse administering medication to be certified.<br>-Staff #6 always worked during the day with other staff and didn't have to administer medication.<br>-Staff #6 had not receive any training on checking or cleaning FC#1's catheter or emptying the drainage bag.<br>-A home health care nurse would come to the house every 2 weeks to change the catheter.<br>-Staff #6 did do some shadowing of the night shift staff. | V 108 | | |

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|---|---|---|---|
| | MHL001-094 | A. BUILDING: _____ B. WING _____ | 12/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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| V 110 | Continued From page 4 | V 110 | | |
| V 110 | 27G .0204 Training/Supervision Paraprofessionals<br><br>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS<br>(a) There shall be no privileging requirements for paraprofessionals.<br>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.<br>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.<br>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.<br>(e) Competence shall be demonstrated by exhibiting core skills including:<br>(1) technical knowledge;<br>(2) cultural awareness;<br>(3) analytical skills;<br>(4) decision-making;<br>(5) interpersonal skills;<br>(6) communication skills; and<br>(7) clinical skills.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the | V 110 | | |

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|---|---|---|---|
| | MHL001-094 | A. BUILDING: _____ B. WING _____ | 12/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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| V 110 | Continued From page 5<br>facility management failed to assure 1 of 6 staff (#6) demonstrated the knowledge, skills and abilities to meet the needs of 1 of 1 former client (FC#1). The findings are:<br><br>Review on 12/11/19 of Staff #6's record revealed:<br>- Hire date of 2/11/19 as Life Skill Instructor (LSI)<br>- Her current employment status is part time LSI.<br>-No documentation of training to use the Hoyer lift.<br>-No documentation of training to check and change catheter.<br>-No documentation of training to do bedroom checks during sleeping hours.<br>-No documentation of training to meet the needs of Former Client #1.<br><br>Review on 12/11/19 of FC #1's record revealed:<br>-Admission date of 6/14/99.<br>-Diagnoses of Moderate IDD, Cerebral Palsy, Schizoaffective Disorder, Major Depressive Disorder, Mood Disorder, Spastic Quadriplegic, Catatonic Disorder, Urinary Tract Infection, Legal Blindness, Neurogenic Bowel, GERD, Neuromuscular Dysfunction of the Bladder and Hypertension.<br>-FC#1 has limited mobility and movement and is confined to a wheelchair and sleeps in a hi-lo semi-electric bed with rails.<br>-Staff is to turn and position FC#1 every 2-3 hours while in bed sleeping to keep pressure sores from developing.<br>-FC#1 is fitted with a suprapubic catheter. The catheter was placed in order to help reduce FC#1's recurrent uninary tract infections.<br>-Staff should check the catheter and empty urine bag every 2-3 hours. It should drain 300-400 cc's every 8 hours. If there is no urine in the bag staff should check the tubbing for blockage that could stop the flow of urine. | V 110 | | |

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|---|---|---|---|
| | MHL001-094 | A. BUILDING: _____ B. WING _____ | 12/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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| V 110 | Continued From page 6<br><br>Review on 12/11/19 of FC #1's Monitoring Guidelines dated 9/5/19 revealed:<br>-"[FC #1] has multiple medical issues requiring visual monitoring, observation and monitoring intake catheter site/bag and output and skin integrity."<br>-Staff should check and empty FC#1's catheter bag every 2-3 hours.It should drain at least 300-400 ccs every 8 hours. If there is no urine in the bag, start at her body and work toward the bag looking for kinks or bends in the tubing, as these things prevent the flow of urine.<br>-Staff are to make sure the side rails are up on FC #1's bed. The catheter drains with a gravity drainage system so the bag should be hung on the bedside using the hanger at night. In the day, when FC#1 is sitting up in the chair staff should change the catheter to the leg drainage bag, which is strapped to her leg, like a holster.<br>-The catheter is changed weekly.<br>-While FC#1's is sleeping she can be turned every 3 hours unless she is experiencing skin breakdown.<br><br>Review on 12/11/19 of FC #1's Monitoring Guidelines dated 9/5/19 revealed:<br>-"[FC #1] has multiple medical issues requiring visual monitoring, observation and monitoring intake catheter site/bag and output and skin integrity."<br>-Staff should check the catheter and empty urine bag every 2-3 hours. It should drain 300-400 cc's every 8 hours. If there is no urine in the bag staff should check the tubbing for blockage that could stop the flow of urine.<br>-Staff are to make sure the side rails are up on FC #1's bed. The catheter drains with a gravity drainage system so the bag should be hung on the bedside using the hanger at night. In the day, when FC#1 is sitting up in the chair staff should | V 110 | | |

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|---|---|---|---|
| | MHL001-094 | A. BUILDING: _____ B. WING _____ | 12/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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| V 110 | Continued From page 7 | V 110 | | |

change the catheter to the leg drainage bag, which is strapped to her leg, like a holster.
-The catheter is changed weekly.
-While FC#1's is sleeping she can be turned every 3 hours unless she is experiencing skin breakdown.

Review on 12/12/19 of the Nightly Checklist for Third Shift revealed:
-Bedroom checks are to be done every 30 minutes and should be documented on the Nightly Checklist form.
-Staff #6 documented that on 8/29/19 and 8/30/19 bedchecks were done every 30 minutes with no concerns or issues noted in the comment section.
-Review of all of the Nightly Checklist revealed that FC#1 was in the facility on 8/29/19 and 8/30/19.

Review on 12/11/19 of an Incident Response Improvement System (IRIS) report dated 9/9/19 revealed:
"On 8/30/19 when a staff member went into [FC#1]'s bedroom to assist with am care, she was found on the floor near her dresser. Staff immediately called EMT's and RSL's on-call administrator. It appears that staff may have neglected to perform required bedroom checks."

Review on 12/12/19 of the Internal Investigation Report dated 9/9/19 revealed:
"Staff member (Staff #6) on awake duty had not been trained on proper monitoring /bed checking for [FC#1] and was working a double shift.
-The staff member (Staff #6) awake through the night did not do required bed-checks on [FC#1].
-[FC#1] sustained injuries to her face and head from the fall from her bed.
-Staff stated [FC#1] did not call out prior to being found on the floor in her bedroom.

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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|---|---|---|---|---|
| V 110 | Continued From page 8<br>[FC#1] stated she was upset and had flung herself off of her bed.<br>-Video of the hallway outside of [FC#1]'s bedroom showed no bed-checking activity by staff for any individual.<br><br>Interview with Staff #6 on 12/12/19 revealed:<br>-She started working for Ralph Scott in February, 2019.<br>-She started her employment as a co-manager at Spring Hill Group Home, but requested to work part-time for personal reasons.<br>-She only worked 1st shift, until she started working part-time.<br>-She had only worked 2nd shift for about a week when FC#1 had fallen out of her bed.<br>-She was working the night shift with another staff, because of coverage problems the facility was having.<br>-When she started she received orientation, and training in CPR, First Aid, client rights and restrictive intervention.<br>-She had not completed and received her certification in medication administration.<br>-Because she worked days and with other staff she never had to administer medication.<br>-She was never trained on the night shift duties for staff.<br>-She was not traained to do bedchecks.<br>-She was not trained to turn FC#1 or on how to check her catheter.<br>-She did not do bedchecks on 8/29/19 and 8/30/19 while working third shift.<br>-She did not check on FC#1 in her bedroom on 8/29/19 and 8/30/19.<br>-She did not turn FC#1 on 8/29/19 and 8/30/19.<br>-She cleaned, washed clothers and sat in the living room during the shhift on 8/29/19 and 8/30/19. | V 110 | | |

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING HILL GROUP HOME | 154 HUFFINE STREET GIBSONVILLE, NC 27249 |

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|---|---|---|---|---|
| V 110 | Continued From page 9<br>Interview with Program Director on 12/12/19 revealed:<br>-Staff #6 received her basic orientation right after she was hired as well as her trainings.<br>-Staff #6 had not completed her training in medication Administration, because she needed to be observed by our nurse administering medication to be certified.<br>-Staff #6 always worked during the day with other staff and didn't have to administer medication.<br>-Staff #6 did do some shadowing of the night shift staff when she first started working in the facility.<br>-Staff are supposed to do bedroom checks at night every 30 minutes.<br>-FC#1 had fallen out of her bed on 8/29/19 and 8/30/19.<br>-Staff did not check on FC#1 the night of 8/29/19 and 8/30/19.<br>-They do not know how long FC#1 was on the floot.<br>-FC#1 sustained some bruising on her face and knee.<br>-She had been agitated prior to her bedtime and fall.<br>-Staff #6 did not do any bedroom checks on 8/29/19 and 8/30/19.<br>-A review of the facility video revealed Staff #6 walking in the hallways in the residents bedroom area, but not going into any of the residents bedrooms. | V 110 | | |