

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/27/2019
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NAME OF PROVIDER OR SUPPLIER FRIENDLY PEOPLE THAT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 REYNOLDS FOREST DRIVE WINSTON SALEM, NC 27107
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 12/27/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to conduct the fire and disaster drills at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 12/11/19 of the facility's fire and disaster drill log for January 2019- December 2019 revealed: - There was no documentation of a fire drill conducted 1st shift for 1/19- 3/19.</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> - There was no documentation of a fire drill conducted 1st shift for 7/19-9/19. - There was no documentation of a fire drill conducted 3rd shift for 10/19-12/19. - There was no documentation of a disaster drill conducted 1st and 3rd shift for 1/19-3/19. - There was no documentation of a disaster drill conducted 1st shift for 7/19-9/19. <p>Interview on 12/17/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> - She thought all the fire and disaster drills had been practiced for all shifts each quarter. <p>Interview on 12/17/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - She was unaware that fire and disaster drills were not being practiced for all shifts each quarter. <p>Interview on 12/20/19 with client #1 revealed:</p> <ul style="list-style-type: none"> - She practiced fire and disaster drills but was unsure how often. <p>Interview on 12/20/19 with client #2 revealed:</p> <ul style="list-style-type: none"> - They practiced fire and safety drills each month. - Since she had lived in the home, she could not recall a fire or disaster drill being practiced when she was in bed. <p>Interview on 12/20/19 with client #3 revealed:</p> <ul style="list-style-type: none"> - She practiced fire and disaster drills but was unsure how often. 	V 114		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)</p>	V 290		

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V 290	<p>Continued From page 2</p> <p>of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure staff-client ratios enabled staff to respond to individualized client needs affecting 3 of 3 clients (#1, #2, and #3). The findings are:</p> <p>Review on 12/17/19 of client #1's record revealed: - Admission Date: 2/1/07 - Diagnoses: Intellectual Developmental Disability, mild; Spastic Quadriplegia, Cerebral Palsy - Review of client #1's Individual Service Plan (ISP) dated 2/1/19 revealed: "...presents with Cerebral Palsy with spastic quadriplegia which has resulted in immobility, limited use of her right hand and reportedly, no functionality of her left hand. Her mobility needs continue to be met with use of her powered wheelchair. Due to total care needed with transfers, [client #1] also has access to a Hoyer lift and sling."</p> <p>Review on 12/17/19 of client #2's record revealed: - Admission Date: 10/7/17 - Diagnoses: Cerebral Palsy; Moderate Intellectual Disabilities; Major Depressive Disorder - Review of client #2's ISP dated 8/1/19 revealed: "...right hand and arm are non-functional ...needs assistance to leave an area due to emergency. [Client #2's] eye sight is legally blind in one eye and 20% in the other. Poor vision is causing</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>problems driving her power wheelchair."</p> <p>Review on 12/17/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 1/9/07 - Diagnoses: Anxiety Disorder (D/O); Mood D/O; Depression; Mild Intellectual Disabilities; Asthma; Sandhoff Disease; Epilepsy - Review of client #3's ISP dated 5/1/19 revealed: "She requires assistance with each transfer to the toilet and back to her chair ...has tremors that limit her ability to complete many activities independently. She has limited upper body strength and next to no lower body strength due to being in a wheelchair." <p>Interview on 12/20/19 with client #1 revealed:</p> <ul style="list-style-type: none"> - She practiced fire and disaster drills but was unsure how often. - She practiced drills when she was in her bed. - If all the clients were in bed when they practiced drills, staff transferred her from the bed to her wheelchair with a Hoyer Lift. Staff also transferred client #2 with a Hoyer lift. Client #3 was transferred from the bed to her wheelchair by staff who pick her up. - When the group home practiced fire drills there was "one staff usually" present and "sometimes there is two staff ..." - She would not be able to open her window as a means of egress during a fire. She would need a staff member to open her window. - "No, absolutely not (one staff was not enough to get the clients to safety if a fire or disaster occurred). We need two staff there." <p>Interview on 12/20/19 with client #2 revealed:</p> <ul style="list-style-type: none"> - The group home practiced fire and disaster drills every month. - She could not recall a time when she was in bed 	V 290		

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V 290	<p>Continued From page 5</p> <p>and a fire drill was practiced.</p> <ul style="list-style-type: none"> - There was normally one staff present during fire drills and "sometimes there were two staff." - Staff transferred her and client #1 from their beds to their wheelchairs. Staff picked up client #3 from her bed and transferred her to her wheelchair. - She would not be able to open her window as a means of egress during a fire. She would need a staff member to open her window. - "...there needs to be 3 staff there (if a fire occurred), one for each lady." <p>Interview on 12/20/19 with client #3 revealed:</p> <ul style="list-style-type: none"> - She practiced fire and disaster drills but was unsure how often. - She was on the toilet during a fire drill and the drill took a lot longer. - She would not be able to open her window as a means of egress during a fire. She would need a staff member to open her window. - There was "usually one staff" present during fire and disaster drills. - "I need help (to get in and out of my wheelchair)." - "Staff have to help all three of us in our wheelchairs. They put their arms around me to get me in my chair. They (staff) get the other two (client #1 and client #2) in a wheelchair by using a Hoyer Lift." - "I think there needs to be at least two staff there (if there was a fire or a disaster)." <p>Observation on 12/20/19 at 1:05 pm of the Hoyer Lifts revealed:</p> <ul style="list-style-type: none"> - The Hoyer Lifts were stored in a vacant bedroom which was located on the opposite side of where the bedrooms were located in the group home. 	V 290		

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V 290	<p>Continued From page 6</p> <p>Review on 12/11/19 of the facility's fire drills, "time taken to evacuate" and "staff on duty" for January 2019- December 2019 revealed:</p> <ul style="list-style-type: none"> - 1/31/19: 4 minutes and 10 seconds: one staff worked - 2/7/19: 5 minutes and 45 seconds; two staff worked - 3/7/19: 6 minutes; one staff worked - 6/3/19: 4 minutes and 18 seconds; one staff worked - 8/9/19: 4 minutes and 50 seconds; two staff worked - 9/7/19: 32 minutes and 15 seconds; one staff worked - 10/5/19: 4 minutes and 21 seconds; one staff worked - 10/27/19: 5 minutes and 10 seconds; one staff worked - 11/15/19: 5 minutes and 10 seconds; one staff worked - 11/30/19: 6 minutes and 21 seconds; one staff worked - 12/13/19: 3 minutes and 5 seconds; one staff worked <p>Interview on 12/17/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> - Only one staff worked from 8:30 pm until 7:30 am Monday-Friday. One staff worked all weekend shifts. - She did not feel if there was a fire, one staff could get all 3 clients out of their beds, into their wheelchairs and outside in a safe period of time. - "We all know we need more people (staff working at night/weekends)." <p>Interview on 12/17/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The three clients who resided in the group home could not transfer from their bed to their 	V 290		

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V 290	<p>Continued From page 7</p> <p>wheelchair independently.</p> <ul style="list-style-type: none"> - She was aware that when the fire drills were practiced it took longer period of time to get the clients out. This was due to the 3 clients who resided in the group home were in wheelchairs. - During a July or August 2019 meeting with their Human Right Committee, she and the owner had discussed that the fire drills were taking too long due to the clients being in wheelchairs. During the meeting a device to get the clients out quicker had been discussed along with having more staff. It was determined what would be implemented to get the clients out quicker during a fire would be discussed during a December 2019 meeting. The meeting had not taken place yet. <p>Review on 12/17/19 of "Human Rights Committee" meeting minutes dated 9/18/19 revealed:</p> <ul style="list-style-type: none"> - "Presenter: [the Licensee]." - "Information Presented: j. Health and Safety- Reviewed fire/disaster drills and discussed equipment protocols for safety during emergencies. Discussed equipment options needed to expedite wheelchair clts (clients) (F/U (follow-up) Dec (December) Mtg (meeting))." <p>Interview on 12/20/19 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She was not aware that the fire and disaster drills took longer periods of time to complete. <p>Interview on 12/17/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She worked alone on 3rd shift. - She did a fire drill and it took "me about 20-25 minutes to get them (clients) up and outside. It was around 7 am- 7:30 am." - "Honestly no I don't think it would be possible (for me to get the 3 clients out during a fire in a safe period of time)." 	V 290		

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V 290	<p>Continued From page 8</p> <p>Review on 12/20/19 of the Plan of Protection dated 11/22/19 written by the QP revealed: "FPTC (Friendly People that Care) will ensure there is an additional staff on third shift as well as adequate staffing to ensure safety in getting consumers out of the home in case of a fire or disaster in a timely manner (fire-less than three minutes) effective 12/20/2019. See Document"</p> <p>The facility served three female clients with various diagnoses not limited to: Intellectual Developmental Disability, mild; Spastic Quadriplegia, Cerebral Palsy; Moderate Intellectual Disabilities; Major Depressive Disorder (D/O); Anxiety D/O; Mood D/O; Depression; Mild Intellectual Disabilities; Asthma; Sandhoff Disease; and Epilepsy. The three clients are in wheelchairs and cannot transfer or open their windows independently. Documented needs/concerns for the clients included: "...total care needed with transfers. [Client #1] also has access to a Hoyer lift and sling...right hand and arm are non-functional...needs assistance to leave an area due to emergency. [Client #2's] eye sight is legally blind in one eye and 20% in the other. Poor vision is causing problems driving her power wheelchair. [Client #3] has limited upper body strength and next to no lower body strength due to being in a wheelchair." Two of the clients require Hoyer Lifts to transfer and the third client is transferred by staff picking her up. The Hoyer Lifts used for the two clients are stored on the opposite side of the group home from their bedrooms. The group home staff had documented fire drills that took anywhere from 3 minutes and 5 seconds to 32 minutes and 15 seconds to complete. One staff was present for most of the drills. One staff is scheduled to work from 8:30 pm -7:30 am during the week and one staff is scheduled to work all shifts on the</p>	V 290		

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V 290	Continued From page 9 weekend. The Licensee and Qualified Professional met with their Human Rights Committee 9/18/19 to discuss the fire drills taking too long to complete but no corrective measures have been implemented. This deficiency constitutes a Type B rule violation as it is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe manner. The findings are: Observations on 12/20/19 at 12:50 pm of the den floor revealed: - The den and hallway had laminate flooring. - There was an area about 3 1/2 feet long and 2 1/2 feet wide between the front door and the kitchen where the floor sagged. - There were areas in the den and hallway where the edge of the laminate boards came up and had separated from the next laminate board.	V 736		

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V 736	<p>Continued From page 10</p> <p>Observations on 12/20/19 at 12:56 pm of the hall bathroom floor revealed:</p> <ul style="list-style-type: none"> - The bathroom had the same laminate flooring as the den and hallway. - There were laminate boards that were cracked and had separated from the next laminate board. - The laminate boards in front of the shower appeared to have water damage and sagged. <p>Observations on 12/20/19 at 12:59 pm on client #1's bedroom floor revealed:</p> <ul style="list-style-type: none"> - The bedroom had the same laminate flooring as the den, hallway and bathroom. - There were two areas where the boards had separated. <p>Interview on 12/17/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> - That the wheelchair use had created a lot of wear and tear on the laminate flooring. 	V 736		