

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/04/2019
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NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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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}	INITIAL COMMENTS A Follow Up Survey was completed on November 4, 2019. A deficiency was cited. This facility is licensed for the following service 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.	{V 000}		
{V 291}	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	{V 291}	(Please see attached document "Plan of Protection")	

DHSR-Mental Health
JAN 02 2020
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rhonda Arr

QP

12/27/19

Division of Health Service Regulation

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{V 291}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other Qualified Professionals responsible for the care for one of three audited clients (#2). The findings are: Review on 10/31/19 of client #2's record revealed: -Admitted: 11/2018 -Diagnoses: Mild Intellectual Disability, Narcissistic Personality, Anxiety Disorder, Obesity, Glaucoma and Arthritis Rheumatoid Review on 11/01/19 of faxes received from the group home regarding client #2 revealed: -07/18/19 sleep study lab -Patient comments: "Patient did not meet criteria for splitnight" (an overnight polysomnogram performed with a two-hour period of baseline sleep study recording, followed by a CPAP [continuous positive airway pressure] titration study if it is determined to be indicated by the presence of clinically significant sleep apnea.) -11/01/19- Note signed by the Primary Care Physician's (PCP) Nurse on the verbal order of client #2's PCP "d/c (discontinue) cpap" Review on 11/01/19 of sleep study interpretation dated 08/27/19 and obtained by client #2's PCP from the sleep study lab revealed: -Summary...Mild obstructive sleep apnea and low sleep efficiency. -Recommendations: "-Recommend that the patient return to the sleep lab for a titration study -If a lab based study is not possible and autotitrating CPAP is pursued as the initial	{V 291}		

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{V 291}	Continued From page 2 treatment option, recommend close clinical follow up including continuing evaluation of sleep related symptoms as well as objective adherence and therapy related data to establish compliance with treatment, assess efficacy and make modifications as necessary. -Non-CPAP treatment modalities may be pursued as dictated by patient preference, provide her description and clinical appropriateness. These may include but may not be limited to oral appliance therapy surgical options on hypoglossal nerve stimulation. -Weight loss is advised." Review on 10/31/19 of the facility's records revealed no evidence of coordination of services with physician's or client #2's treatment team to address the recommendations. During interview on 11/04/19, the technician at the sleep study lab reported: -It was never determined client #2 was not a candidate for CPAP machine, just her sleep study results did not exceed mild. -She had not been back to the lab for any follow up. During interview on 11/01/19, client #2's PCP Nurse reported: -Per client #2's notes in the electronic record, 09/25/19 was the only noted office visit since July 2019. The notes did not reflect any conversation regarding the recommendations from the sleep study or anything about the CPAP machine. -Historically, client #2's records did not reflect any notes to D/C the CPAP machine. The D/C order was written because the documentation from the sleep study mentioned alternative non cpap alternatives based on client preference. Based on self reporting, client #2 had not used the	{V 291}		

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{V 291}	Continued From page 3 CPAP machine in years. Therefore, the D/C order was written on 11/01/19. During interviews between 10/31/19 and 11/04/19, the Qualified Professional reported: -She could not locate the D/C order provided by client #2's PCP in July 2019 in the facility records. The PCP's Nurse dated the D/C order on 11/1/19 as that was the date the group home requested a copy for a written order. She was not sure why the PCP's Nurse could not locate the previous written physician's order. -It was her understanding, client #2 was not a candidate for CPAP per the July 2019 sleep study. The group home did not receive the paperwork from the sleepstudy findings as the group home was not client#2's guardian. -The group home did not receive any written documentation regarding the sleep study. Prior to this interview, the group home was not aware of recommendations from the sleep study. Therefore, no services would have been coordinated with the PCP, guardian, care coordinator and client to discuss the next steps post the sleep study and the recommendation.	{V 291}		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-475	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/4/2019
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NAME OF FACILITY WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix V0500	Correction	ID Prefix _____	Correction
Reg. # 27G .0209 (C)	Completed	Reg. # 27D .0101(a-e)	Completed	Reg. # _____	Completed
LSC _____	11/04/2019	LSC _____	11/04/2019	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
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LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>India Vaughn Rhodes</i>	DATE 12.4.19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/31/2019
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO

UNC WAKEBROOK PRIMARY CARE RALEIGH
107 SUNNYBROOK RD
RALEIGH NC 27610-1827
Dept: 984-974-4832



December 22, 2019

To Whom It May Concern:

[REDACTED] is currently under my care at Wakebrook Primary Care. She has been diagnosed with Mild Obstructive Sleep Apnea (G47.33). However, she has been unable to tolerate CPAP therapy, due in part to behavioral dysregulation associated with Temporal Lobectomy Behavioral Syndrome (F07.0) and Mild Intellectual Delay (F81.9).

A referral was made for consideration of a dental appliance for treatment of sleep apnea. She was evaluated by the specialist who indicated she is not a candidate due to her dentition.

The patient's guardian, group home, and primary care office have made significant efforts to pursue medical therapy for Ms. Hickman's sleep apnea but, due to her comorbidities, she is unable to tolerate the therapy. She has been counseled on sleep positioning and weight loss. I am discontinuing the order for CPAP therapy, and do not recommend any further testing or treatment at this time.

Please feel free to contact me with questions at 984-974-4832.

Sincerely,

Jessica Waters Davis, MD

Division of Health Service Regulation
Mental Health Licensure and Certification Section
(Top portion completed by DHSR staff)

Facility Name: Whittecar Group Home MHL Number: 092-475

Rule Violation Cited: 10 A NCAC 27G.5603 Operations

Plan of Protection – Completed by Facility Staff
(Attach additional pages
if needed)

What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?

Moving forward Whittecar will ensure all medical equipment/devices are working properly and stored in its appropriate place. If any equipment is not functioning properly staff will notify Primary Care Provider.

Also if any equipment/Devices are discontinued Program Manager will notify Primary Care Provider to retrieve proper documentation to support discontinued equipment's/Devices. Program Manager will also inform the pharmacy so the equipment/Device will not be put on the FL-2 nor the MAR.

QP and Program Manager will ensure that all recommendations for treatment from medical providers are followed according to individualized support and treatment plans. The QP will ensure that healthcare follow-up recommendations are acted upon and pursued. Additionally, QP will collaborate with other qualified professionals, treatment team and guardians to improve flow of information flow and communication.

Describe your plans to make sure the above happens.

The Program Director and Program Manager will be responsible for reviewing any equipment and Devices that enters the group home to ensure all equipment are working at its full capacity.

When any equipment/Devices enter the group home Program Manager will make monthly checks to ensure all Equipment/Devices are in good working condition.

QP and facility management team will ensure that healthcare services are coordinated by engaging regularly with qualified professionals and guardians to make certain. That recommendations and plans of care are pursued as instructed.

Facility Staff completing this form:

Donalda Artz, QP
Name/Title

12-27-2019
Date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 20, 2019

Rholanda Artis, Program Director
Lutheran Family Services in the Carolinas
3257 Lake Woodard Drive
Raleigh, NC 27604

Re: Follow Up Survey completed November 4, 2019
Whittecar Group Home, 3257 Lake Woodard Drive, Raleigh, NC, 27604
MHL # 092-475
E-mail Address: rartis@lscarolinas.net

Dear Ms. Artis:

Thank you for the cooperation and courtesy extended during the Follow Up Survey completed November 4, 2019.

As a result of the follow up survey, it was determined that all of the following deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

- 10A NCAC 27G .0209 Medication Requirements (V118) - Type A1

Due to the above information, the Type A cited in 10A NCAC 27G .0209 Medication Requirements (V118) is back into compliance.

Although the reviewed deficiencies are now in compliance, you remain responsible for payment of penalties levied against Lutheran Family Services in the Carolinas during the Annual and Follow Up completed July 31, 2019.

Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- A standard level recited deficiency.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 20, 2019
Rholanda Artis
Lutheran Family Services in the Carolinas

Time Frames for Compliance

- Standard level recited deficiency must be **corrected** within 30 days from the exit of the survey, which is December 3, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant