

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2020
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NAME OF PROVIDER OR SUPPLIER DAVIDSON #4	STREET ADDRESS, CITY, STATE, ZIP CODE 125 DELTA STREET LEXINGTON, NC 27295
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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 February 18, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for adults whose primary diagnosis is a developmental disability.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to follow their policy for discharge of clients. The findings are:</p> <p>Review on 2/18/20 of the facilities policy titled "Criteria for Discharge" revealed: -" ...The individual and/or their legally responsible person and/or designated representative will be notified in writing of the intent to discharge and the specific reasons the agency cannot continue to provide services ..." -" ...'Discharge' is defined as moving the individual to another facility, or to live independently in the community."</p> <p>Review on 2/12/20 of former client #4's (FC#4) record at the Sister Facility A revealed: -Many facility documents were labeled as documents from Davidson #4. -Date of admission was documented as 2/20/19 -Diagnoses included Intellectual Developmental Disabilities Moderate, Autism, Major Depressive Disorder, Gastroesophageal Reflux Disease, Type 2 Diabetes and Anxiety. -A "Resident Registry" form for FC#4 listed Davidson #4 instead of Sister Facility A. -An "Admission Application" dated 1/16/19 revealed, "needs 24-hour supervision ongoing." -A "Quarterly Summary" for FC#4 written by the Qualified Professional (AQP) dated 5/1/2019. The summary was for the months of February, March and April 2019. There was no mention of any concerns, issues or reasons that would necessitate discharge or transfer of FC#4 to Sister Facility A. -A "Vacancy Form" with "Property Name" listed as</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Davidson #4. Included on this form was "Move-out Date: 05/15/2019 ...Guardian Request move to provide increased supervision for safety of individual." The form was signed and dated 04/15/2019 by FC#4 and the AQP for Sister Facility A.</p> <ul style="list-style-type: none"> -There was no other documentation which revealed specific reasons the agency could not continue to provide services to FC#4 in Davidson #4. <p>Interviews on 2/12/20 and 2/13/20 with the Qualified Professional (AQP) for the Sister Facility A revealed:</p> <ul style="list-style-type: none"> -The "Resident Registry" indicated Davidson #4 because FC#4 was admitted to Davidson #4 on 2/20/19 and he was later "transferred" to Sister Facility A. -There was no discharge paperwork regarding this move as the Agency saw it only as a transfer. -She thought the move occurred sometime in May or June of 2019. -The reason for the move was because all the clients at Davidson #4 had unsupervised time and FC#4 "did not do well with that because he was opening the door to anyone and then was walking away" (from the facility). -FC#4 was not left totally alone at the facility but was left unsupervised with his peers only. -Would have to look at the office to see if there were any "ABC" sheets (behavior reports) which documented behaviors that would have warranted the discharge/transfer of FC#4. -After searching for "ABC" sheets, the AQP was unable to locate any documentation other than the "Vacancy Form" which revealed "05/15/2019 ...Guardian request move to provide increased supervision for safety of individual." -She could find no other documentation of the reasons why the agency could no longer provide 	V 105		

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V 105	<p>Continued From page 4</p> <p>services to FC#4 in Davidson #4 and there was no discharge paperwork.</p> <p>Interview on 2/13/20 with the Director of Residential Services revealed:</p> <ul style="list-style-type: none"> -She worked as a Qualified Professional during the time FC#4 was admitted and then moved from Davidson #4 to Sister Facility A. -It was a "quick move in" to Davidson #4 as the Care Coordinator "threatened" the facility with being "out of compliance" if FC#4 was not admitted to Davidson #4. -The legal guardian is the one who initiated the move from Davidson #4 to Sister Facility A a few months after admission. She was informed that FC#4 had unsupervised time and was walking away from the facility without staff knowledge. The Director of Residential Services could not recall who informed the legal guardian of these issues. -There was no specific documentation of the reasons the agency could no longer continue to provide services in Davidson #4. -There was no discharge documentation per facility policy <p>Interview on 2/12/20 with staff #A5 revealed:</p> <ul style="list-style-type: none"> -FC#4 had unsupervised time at Davidson #4 upon admission -FC#4 began "having behaviors" at Davidson #4 such as "walking out of the house," "walking away" so he was moved to Sister Facility A sometime in May 2019. -She did not, however, recall documenting any of these behaviors. <p>Interview on 2/17/20 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She worked with FC#4 when he resided at Davidson #4. -A few months after admission, "he asked to be 	V 105		

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V 105	<p>Continued From page 5</p> <p>moved where the guys were. Number 4 (Davidson #4) has 5 females and 1 male." -If there were behavioral issues with FC#4, they would have been documented in "ABC" notes (behavioral notes) or on the "comments sheet" where unsupervised time was documented.</p> <p>Interview on 2/12/20 with FC#4 at Sister Facility A revealed: -He moved from Davidson #4 to Sister Facility A "because I liked it better" at Sister Facility A. -"They said I walked away" from Davidson #4 but "I didn't."</p> <p>Review on 2/12/20 of the "Comment" sheet from February 2019 through May 2019 for FC#4 revealed he walked unsupervised in the community as follows: -2/25/19, 3/6, 3/9, 3/12, 3/13, 3/17, 3/18 thru 3/22, 3/25, 3/26, 14 days in the month of April 2019 and 3 days in the month of May 2019. -No documentation of FC#4 having any behavioral issues in the facility or during unsupervised time that would have warranted discharge/transfer.</p>	V 105		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, facility staff failed to develop goals and strategies in the treatment plan to address 1 of 3 current audited client's (client #3) needs. The findings are:</p> <p>Review on 2/14/20 of client #3's record revealed: -Date of admission 5/9/95 -Diagnoses of Depressive Disorder, Borderline Intellectual Disability and Congenital Blindness.</p> <p>Review on 2/14/20 of a letter from client #3's physician dated 5/1/19 revealed: -Diabetes/Hypertension - Very important that client #3 exercise for 30 minutes 5/7 days per week.</p> <p>Review on 2/14/20 of a physician note/order dated and signed on 5/1/19 for client #3 revealed: -"Patient should get 30 minutes of activity (i.e.</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>walking) at least 5 days per week.</p> <p>Review on 2/14/20 of client #3's treatment plan dated 12/3/19 and an updated plan/review of 1/15/20 revealed:</p> <ul style="list-style-type: none"> -No strategies or goals to address the need for client #3 to exercise <p>Review on 2/14/20 of monthly summary notes for client #3 from May 2019 to October 2019 revealed:</p> <ul style="list-style-type: none"> -May 2019 - 12 days noted that client #3 walked for exercise -June 2019 - 16 days noted that client #3 walked for exercise -July 2019 - 5 days noted that client #3 walked for exercise -August 2019 - 8 days noted that client #3 walked for exercise -September 2019 - 12 days noted that client #3 walked for exercise -October 2019 - 17 days noted that client #3 walked for exercise <p>Interview on 2/14/20 with staff #4 revealed:</p> <ul style="list-style-type: none"> -Was aware of the physician's order for client #3 to walk for exercise. -"We walk and I document it in Therap" notes that she walks. -Was not aware of any treatment plan goals or strategies that addressed the need for client #3 to exercise. <p>Interview on 2/14/20 with client #4 revealed:</p> <ul style="list-style-type: none"> -"I walk at the workshop." -"I walk at [Department store]. I push a buggy and walk." -"I walk in a big circle." -"I lost ten pounds! I eat salads and I like spicy stuff." 	V 112		

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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) 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</p>	V 290		

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V 290	<p>Continued From page 9</p> <p>withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance 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 record reviews and interviews, facility staff failed to document 1 of 1 former client's (FC#4) capability of remaining in the home or community without supervision for specified periods of time. The findings are:</p> <p>Review on 2/12/20 of former client #4's (FC#4) record at the Sister Facility A revealed: -Date of admission was documented as 2/20/19 -Diagnoses included Intellectual Developmental Disabilities Moderate, Autism, Major Depressive Disorder, Gastroesophageal Reflux Disease, Type 2 Diabetes and Anxiety. -A "Resident Registry" form for FC#4 listed Davidson #4 instead of Sister Facility A. -An "Admission Application" dated 1/16/19 revealed, "needs 24-hour supervision ongoing." -A "Vacancy Form" with "Property Name" listed as Davidson #4. Included on this form was "Move-out Date: 05/15/2019 ...Guardian Request move to provide increased supervision for safety of individual." The form was signed and dated 04/15/2019 by FC#4 and the AQP for Sister Facility A. -No documentation or assessment of FC#4's capability of having unsupervised time</p> <p>Interviews on 2/12/20 and 2/13/20 with the Qualified Professional (AQP) for the Sister</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>Facility A revealed:</p> <ul style="list-style-type: none"> -The "Resident Registry" indicated Davidson #4 because FC#4 was admitted to Davidson #4 on 2/20/19 and he was later "transferred" to Sister Facility A. -The reason for the move was because all the clients at Davidson #4 had unsupervised time and FC#4 "did not do well with that because he was opening the door to anyone and then was walking away" (from the facility). -FC#4 was not left totally alone at the facility but was left unsupervised with his peers only. -Did not think there was an assessment for unsupervised time for FC#4 which would identify his capability to have unsupervised time nor was there any documentation of this in his treatment plan. <p>Interview on 2/12/20 with staff #A5 revealed:</p> <ul style="list-style-type: none"> -FC#4 had unsupervised time at Davidson #4 upon admission. <p>Interview on 2/17/20 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She worked with FC#4 when he resided at Davidson #4 -All the clients at the facility had unsupervised time and FC#4 had "2 hours" of unsupervised time. -Documented unsupervised walks in the community many times for FC#4. -This was documented on Comment sheets. <p>Review on 2/12/20 of the "Comment" sheet from February 2019 through May 2019 for FC#4 revealed he walked unsupervised in the community as follows:</p> <ul style="list-style-type: none"> -2/25/19, 3/6, 3/9, 3/12, 3/13, 3/17, 3/18 thru 3/22, 3/25, 3/26, 14 days in the month of April 2019 and 3 days in the month of May 2019. 	V 290		

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V 290	<p>Continued From page 11</p> <p>Interview on 2/12/20 with FC#4 at Sister Facility A revealed: -Had unsupervised time when he resided at Davidson #4 -Walked, unsupervised by staff, many times at Davidson #4 -Does not have any unsupervised time currently at Sister Facility A</p> <p>Interview on 2/13/20 with the Director of Residential Services revealed: -She worked as a Qualified Professional during the time FC#4 was moved from Davidson #4 to Sister Facility A. -Unsupervised time was "not brought up" at the time of his admission to Davidson #4. -There was no documentation in the treatment plan which identified FC#4's capability to have unsupervised time at Davidson #4 and it must have been "over-looked."</p>	V 290		