

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL097-046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SWAIN STREET GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 SWAIN STREET N WILKESBORO, NC 28659</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 10, 2020. 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 111	<p><b>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(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;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <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>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to complete an assessment prior to the delivery of services for 1 of 4 audited clients (#1). The findings are:</p> <p>Record review on 3/4/20 for Client #1 revealed: -Admitted on 3/30/19 with diagnoses of Moderate Intellectual Disability and unspecified communication disorder. -No admission assessment documented.</p> <p>Interview on 3/10/20 with the Executive Director revealed: -An assessment was done for Client #1, but it could not be located. -The Qualified Professional and former Director met with Client #1 and the guardian prior to admission to complete the assessment. His medical history was reviewed. -She could not identify the format used by the facility to document the assessment.</p>	V 111		
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.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop specific strategies and interventions to address the treatment needs for 2 of 4 audited clients (#2, #4). The findings are:</p> <p>Client #2: Record review on 3/10/20 for Client #2 revealed: -Admitted on 2/20/97 with diagnoses of Impulse Control Disorder, Mild Mental Retardation, Anxiety Disorder and problems related to social environment. -Medical notes indicated that the primary care physician had recommended counseling for Client #2 on multiple occasions. -The treatment plan did not include goals or strategies to address the anxiety experienced by Client #2.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>Client #4: Record review on 3/5/20 for Client #4 revealed: -Admitted on 11/1/83 with diagnoses of Moderate Intellectual Disability, Fragile X Syndrome, and leaky heart valve. -February service notes indicated 6 emergency room visits during a six-month time period. Client #4 was scheduled for a heart procedure that was scheduled and cancelled. He was currently scheduled to see another physician. He had experienced eating and drinking difficulties and was expressing more anger. -The treatment plan for Client #4 had not been updated to reflect the current health/medical and behavioral issues that Client #4 had experienced.</p> <p>Interviews on 3/5/20 and 3/10/20 with Staff #1 revealed: -Client #4 had visited the emergency room in December. He also saw a Cardiologist. He was diagnosed with mitral valve regurgitation. He experienced edema. He had multiple hospital visits and medication changes. He had improved but had experienced a significant health event. -The sister/guardian for Client #2 passed away within the last few months. His brother in law became his guardian in September 2019. -Client #2 had experienced an increase in anxiety and negative behaviors since the death of his sister.</p> <p>Interview on 3/10/20 with Staff #2 revealed: -Client #2's anxiety levels had been up and down since the death of his sister.</p> <p>Interview on 3/5/20 with the Executive Director revealed: -The Qualified Professional was responsible for completing the treatment plan.</p>	V 112		

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V 112	Continued From page 4  -Treatment plans should be revised and changed as needs change. -Treatment plans should be reviewed quarterly for progress. -The treatment plans for Client #2 and Client #4 had not been updated to reflect current medical or behavioral issues. -Treatment plans should be individualized.	V 112		
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 interviews, the facility failed to complete fire and disaster drills quarterly on each shift. The findings are:  Review on 3/5/20 of fire and disaster drill documentation for 1/2019-12/2019 revealed: -No disaster drills conducted for the weekday shift during the 1st quarter (1/2019-3/2019) or 4th	V 114		

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V 114	Continued From page 5  quarter (10/2019-12/2019). -No fire drills conducted for the weekday shift for the 2nd quarter (4/2019-6/2019) and the 4th quarter (10/2019-12/2019).  Interview on 3/10/20 with the Executive Director revealed: -There were 2 shifts, a weekday shift and a weekend shift. -Additional drills could not be located. -No clear system of oversight in place to ensure drills had been conducted.	V 114		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (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. (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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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	V 290		

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V 290	<p>Continued From page 6</p> <p>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 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 review and interviews the facility failed to assess and document in the treatment plan that a client was capable of being unsupervised in the community effecting 2 of 4 audited clients (#2, #3). The findings are:</p> <p>Client #2: Record review on 3/10/20 for Client #2 revealed: -Admitted on 2/20/97 with diagnoses of Impulse Control Disorder, Mild Mental Retardation, Anxiety Disorder and problems related to social environment. -Treatment plan did not include goals or strategies to address unsupervised time in the community for Client #2.</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>-There was no documentation to indicate that Client #2 had been assessed regarding his capability to be unsupervised for periods of time in the community.</p> <p>Client #3: Record review on 3/4/20 for Client #3 revealed: -Admitted on 6/10/97 with diagnoses of Spina Bifida, VP Shunt #1, chronic lower extremity edema, neiorgenia bladder/bowel, Major Depressive Disorder, other specified Impulse Control Disorder, Conduct Disorder, borderline to mild Intellectual Disability, and cellulitis. -Treatment plan did not include goals or strategies to address unsupervised time in the community for Client #3. -There was no documentation to indicate that Client #3 had been assessed regarding his capability to be unsupervised for periods of time in the community.</p> <p>Interview on 3/4/20 with Client #3 revealed: -He was dropped off at church and picked up when he called staff. No staff were present with him at church. He had a cell phone and called staff when ready to be picked up.</p> <p>Interview on 3/4/20 with Staff #2 revealed: -She took Client #2 and Client #3 to church on Sundays and dropped them off. She did not stay with the clients at church. -The clients had attended this church for years and the church members kept an eye on them. -The church members had her phone number if needed. -Client #2 had a cell phone and knew to call her when needed. -She stated there had never been an issue.</p> <p>Interview on 3/10/20 with the Executive Director</p>	V 290		



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V 290	Continued From page 8  revealed: -For each client the treatment team made the decision for clients to be unsupervised based on what the client wants to do and what the treatment team thinks should happen. -Unsupervised time is for specific periods of time and would only be in a safe environment. -She was not aware of identified criteria to meet for a client to be deemed capable of unsupervised time. -There was no documented evaluation of capability for Client #2 or Client #3. -There had never been a negative outcome that resulted from the clients being at church unsupervised.	V 290		
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	V 291		

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V 291	<p>Continued From page 9</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate with qualified professionals who are responsible for treatment for 1 of 4 audited clients (Client #2). The findings are:</p> <p>Client #2: Record review on 3/10/20 for Client #2 revealed: -Admitted on 2/20/97 with diagnoses of Impulse Control Disorder, Mild Mental Retardation, Anxiety Disorder and problems related to social environment.</p> <p>Review on 3/10/20 of the medical notes for Client #2 revealed: -On 7/17/19 " ...Referral to counseling ..." -On 8/21/19 " ...Keep working on getting him into counseling ..." -On 10/23/19 "Call [local mental health provider] for appointment ..."</p> <p>Interviews on 3/5/20 and 3/10/20 with Staff #1 revealed: -The sister/guardian for Client #2 passed away within the last few months. His brother in law became his guardian in September 2019. -The primary care physician had referred Client #2 for counseling. The provider would not see</p>	V 291		

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V 291	<p>Continued From page 10</p> <p>without consent from the guardian. She contacted the provider in December to arrange for counseling, however, the appointment was not until April. She indicated that this was as soon as Client #2 could be seen.</p> <ul style="list-style-type: none"> <li>-She stated that she had been distracted by the medical issues going on with Client #4 and that is why there had been a delay in arranging counseling.</li> <li>-Client #2 had experienced an increase in anxiety and negative behaviors in the last year and a half since the death of his sister.</li> <li>-Client #2 had always taken medications for anxiety/mood disorder.</li> <li>-Client #2 had not yet been to see a counselor.</li> <li>-Client #2's brother in law had begun to get more involved. Client #2's anxiety level had improved as well as his behavior.</li> </ul> <p>Interview on 3/10/20 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-The house manager made all medical appointments.</li> <li>-She believed that the house manager had been very focused on the medical issues of another resident which resulted in the failure to address the counseling need of Client #2.</li> <li>-Client #2's anxiety levels had begun to improve because his brother in law had begun to be more involved.</li> <li>-The counseling appointment was overlooked and there had been a delay in the arrangement of those services.</li> </ul>	V 291		