

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/27/2020	
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III		STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
(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>A complaint survey was completed May 27, 2020. The complaint was substantiated (Intake #NC00162220). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p>	V 000	<p>FQP immediately began investigation on 3/16/2020 around 12pm after being notified by PSR about FC#11 injury to his left eye by a DCS in the group home. FQP contacted staff#2 immediately to inquire about incident and concerns regarding an injury to FC#11 left eye. FQP notified CEO of the incident and discussed plan of action for an internal investigation.</p>	
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(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.</p>	V 110	<p>Based on EDEH policy (600.07) all employees are trained initially upon hire on the core competencies for the population served in the group home. The competency based trainings will be conducted annually.</p> <p>Trainings will consist of the following:</p> <ul style="list-style-type: none"> • Code of Ethics • Diversity • Workplace Safety • OSHA • Fall Prevention • Incident Reporting • Communication/Interpersonal skills • Client Rights • Abuse/Neglect • Confidentiality • Emergency Procedures/Policies • Treatment Planning (ISP) • Evidence Based Prevention Intervention (EBPI) • Cultural Awareness • Analytical Skills • Decision Making Skills • Clinical Skills <p>FQP/HR Office Manager conducted trainings on 6/26/2020 on how Paraprofessionals (DCS) will demonstrate knowledge, skills and abilities required by the population served.</p> <p>Paraprofessionals (DCS) will be supervised by FQP weekly on each shift then meet with them monthly for supervision to ensure the core competency are met for each consumer and continue to educate them of their job duties, responsibilities and consumer needs. EDEH conducts annual training on core competencies as a requirement.</p>	6/26/2020

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, one of three paraprofessional staff (#2) failed to demonstrate skills, knowledge and abilities required by the population served. The findings are:</p> <hr/> <p>During interview on 04/17/20, the Facility's Qualified Professional (FQP) reported the following personnel information for staff #2</p> <ul style="list-style-type: none"> -She obtained all information from his personnel record maintained at the corporate office -Hired: Prior to 2013 -Title: Direct Care Staff <hr/> <p>Review on 04/07/20 of Former Client (FC) #11's identification page faxed on 04/06/20 by the facility's support staff revealed:</p> <ul style="list-style-type: none"> -Admitted: 08/03/18 -Diagnoses: Severe Intellectual Developmental Disability, Disruptive Mood Dysregulation Disorder, Hypertension and Diabetes <hr/> <p>Review on 04/13/20 of FC #11's 03/17/20 visit with the Ophthalmologist (physician who specialized in vision and eye disease) revealed:</p> <ul style="list-style-type: none"> -Chief Complaint: "Assault occurred over the weekend with pencil by peer...achy pain & red eye, denies change or loss of vision" -Impression: "Trauma on left eye-appears to have had injury sharp object into nasal quadrant" 	V 110	<p>Based on EDEH policy (600.07) all employees are trained annually on core competencies upon hire and throughout the remainder of employment with EDEH. In addition, FQP provides supervision for employee on core competencies as crisis or emergency occurs. FQP met with DCS on 6/26/2020 to review the findings from the investigation to enhance their skills, knowledge and abilities as required by the population served.</p> <p>FQP provided DHS Investigator with all documents requested for staff #2. Initially, FQP was not able to fax after several attempts and Investigator agreed to take information over the phone. Staff #2 was given supervision (3/20/20, 4/15/20, 6/26/20), written disciplinary and suspended from working on the schedule for 21 days.</p> <p>FQP provided DHS Investigator with all documents requested for FC #11. Initially, FQP was not able to fax after several attempts and Investigator agreed to take information over the phone. Documents were later mailed per Investigator request.</p> <p>FC#11 was removed from EDEH immediately without notice by his guardian on 3/16/2020 which prevented EDEH from validating the condition of FC #11 eye injury to assist him with immediate medical care. FQP was concerned for FC#11 symptoms which were likely related to allergies or diabetes prior to the incident. In addition, EDEH plan of action would have been to test FC#11 for COVID based on the pandemic during the period of time this incident occurred due to symptoms he presented with prior to the incident which were brought to the attention of his primary care physician on 3/4/2020 with no increase in medications.</p>

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V 110	<p>Continued From page 2</p> <p>of left eye. Conjunctiva (the mucous membrane that covers the front of the eye and lines the inside of the eyelids) with penetration possibly to Tenon's capsule (thin facial sheath that surrounds the eyeball, separating it from the orbital fat) no perforation through sclera (since pupil is round with normal activity)...Likely to occurred within 48 hours based on injury."</p> <p>-Plan: Maxitrol (used to treat inflammation of the eye and treat as well as prevent bacterial infections) two drops four times a day for one Week</p> <hr/> <p>During interviews between 04/02/20 and 04/20/20, clients and staff reported the following about the timeline of when the 03/15/20 physical altercation between FC #11 and FC #12 occurred:</p> <ul style="list-style-type: none"> -FC #11- unable to provide detailed information of when the incident occurred -FC #12- nighttime -Client #3- not sure but thought it occurred at breakfast -Client #1- breakfast -Staff #2- night time <hr/> <p>During interviews on 04/06/20 and 04/14/20, staff #2 reported the following:</p> <ul style="list-style-type: none"> -He had worked at the facility for over 10 years "off and on." He came back consistently for the past 3 years -His work hours began Friday 3PM-Monday 9AM -He was not sure of the time of day the incident occurred. He was assured FC #11 and FC #12 had a physical altercation on a Sunday around March 15, 2020. -As the incident occurred, he was in the living room located beside the kitchen. He did hear the clients yelling; they were fighting and he could 	V 110	<p>FQP began investigation on 3/16/2020 with consumers in the home about the incident.</p> <p>EDEH have several reservations about the differences in the investigation about the incident that occurred on 3/15/2020 given by consumers. There are differences in the timelines given by consumers which validates their inability to recall information as part of the incident. EDEH investigated to find the incident occurred during dinner time DHS Investigator was unable to give a definite answer to what object was utilized during the incident indicating FC#11 limited cognitive abilities to give details of the report based on interview with FC#11 on 4/2/2020 and 4/20/2020 based on his diagnosis given by his therapist.</p> <p>FQP consulted with the mental health therapist working with FC#11 and FC#12 to discuss the incident and triggers for both consumers. Discussed the facts surrounding the incident and her being able to meet with FC#12 more about the relationship with FC#11 and ways to incorporate safety in the group home with consumers. Based on therapist sessions with FC#11 an assessment was completed to determine the consumer had cognitive inabilities to process during therapist sessions which made it challenging for him to process the information given, short tension span, and not capable of expressing his feelings accurately.</p> <p>DHS Investigator information gathered is contradictory of the time of incident based on consumers and staff#2 working the shift the day of the incident.</p> <p>Staff #2 reported to FQP that he heard client #3 voice yelling from the living room area which prompted him to go into the kitchen area immediately.</p>	

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V 110	<p>Continued From page 3</p> <p>hear loud voices. The better witnesses were clients #1, #3 and #4.</p> <p>-Client #3 provided him the details of what happened. FC #11 had finished his meal and began to wash his plate. FC #12 told FC #11 he did not wash the plate "good." FC #12 threw something -a dish rag at FC #11. He was not sure where the dish rag landed on the body of FC #11. FC #11 hit FC #12 with his fist. By the time staff #2 entered the kitchen, the incident was over. FC #11 reported he was okay.</p> <p>-He interacted with FC #11 because he received night time medications administered by staff. Nothing different was not noted on his face or eyes nor did FC #11 complain of pain, discomfort.</p> <p>_____</p> <p>During interview on 04/13/20, client #3 reported the following:</p> <p>-He observed the physical altercation between FC #11 and FC #12.</p> <p>-No sharp objects were used. He observed FC #11 hit FC #12 and then FC #12 hit FC #11 in the upper body near the face. He was not sure if FC #11 was hit in the eye but he did not notice bruising or swelling nor did FC #11 complain of pain.</p> <p>-FC #11 went downstairs to his room afterwards. He did not see FC #11 the rest of the day. He did not attend the same day program as FC #11.</p> <p>_____</p> <p>During interview on 04/14/20, staff #2 reported the following:</p> <p>-The following morning (Monday 03/16/20), FC #11 was administered medications, ate breakfast and prepared for the day program. FC #11 responded he was okay, when asked by staff #2. FC #11 left the group home for the day program.</p> <p>-Around mid morning, the FQP contacted him</p>	V 110	<p>DHS Investigator inquired with FQP which consumers were more credible to verify incident.</p> <p>Staff #2 reported client #3 had informed him of the incident with FC#11 and FC#12. Based on experience working with client#3 he tends to overstep his boundaries with getting involved with other consumer related issues in the home and needs to report concerns to DCS. FQP continues to work with him on focusing more on his treatment goals and decrease distractions to practice respecting others consumer's privacy. FQP met with staff #2 for supervision to discuss the core competencies to address the needs of consumers in the home regarding client rights, treatment planning, emergency procedures/policies and crisis intervention.</p> <p>DHS Investigator did not clearly verify an object utilized during incident throughout the report, there are discrepancies with various objects mentioned during the incident throughout the investigation period from consumers.</p> <p>DCS reported no complaints of pain, etc from FC #11 on 3/15/2020 or 3/16/2020.</p> <p>Client #3 reported no sharp object utilized. This note conflicts with note above contradicting the incident. Client #3 verified no injury reported during DHS investigation on 4/13/2020</p> <p>FQP was contacted shortly after 12noon by PSR QP about FC#11 eye related injury. FQP took screen shot of time call received on 3/16/2020 was received from Eagle PSR and provided it to DHS Investigator. FQP also provided this information to guardian when she arrived at the office irate around 1:30pm about the time the incident was report to EDEH by PSR on 3/16/2020 after 12noon. FC#11 guardian had visited EDEH office the morning of 3/16/2020 around 10am to collect funds. During that time FQP spoke with her about medical appointments, concerns about his allergies, mental health services through therapist office and dental appointment. FQP took FC#11 to medical appointment on 4/4/2020 primary care and concerns about symptoms related to coughing, sneezing, itchy eyes, lethargic, low energy, running nose and phlegm. His primary care physician diagnosis him symptoms related to allergies. In addition, FQP informed the guardian that FC#11 had to be referred to a specialist for dental due to him not cooperating during his last appointment on 4/10/2020 with dental.</p> <p>FQP responded less than 30 minutes from the call and met with FC#11. FQP did observe his left eye as being red appearing as an irritation not an injury. FQP did not notice any evidence of injury to FC#11 left eye. FQP did take a picture of his eye during the meet to investigate</p>	

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			<p>the incident. FQP met with PSR staff to inform would return shortly to take to doctor's appointment had to assess plan due to recent outbreak of COVID19. After further evaluation of the symptoms, EDEH feels strongly that symptoms were COVID 19 related. FC#11 primary care physician identified his symptoms as an illness/allergy; we now understand were likely symptoms of COVID19, being that COVID19 started in early March when the symptoms happened. Following his removal from EDEH, FQP spoke with his guardian about obtaining his belongings and inquired about how FC#11 was doing which guardian reported being overwhelmed with family due to members testing positive for COVID19. FC #11 belongings are still in the group home after guardian made several appointments to pick them up as a no show.</p> <p>During that period FQP contact staff #2 about any concerns for injury based on incident on 3/15/2020 which he reported no concerns for injury the night before or current day. FQP informed DHS Investigator of the medical concerns related to FC#11 allergies, coughing, sneezing, etc since he was last by his primary care physician on 3/4/2020 FQP was concerned since the transportation, PSR and DCS reported he was symptomatic. FC#11 had difficulty with maintaining good hygiene practices related to washing his hands consistently and eating food out of trash cans in group home.</p>	
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MHL092-579

B. WING

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05/27/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE EMMANUEL HOME III

5212 SWEETBRIAR DRIVE

RALEIGH, NC 27609

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V 110	<p>Continued From page 4</p> <p>about FC #11 reported he sustained a red eye during an altercation with FC #12 the weekend of 03/15/20. He informed the FQP, he was not aware of the injury or the redness to the eye.</p> <hr/> <p>During interview on 04/20/20, the Day Program's Outreach Coordinator reported the following:</p> <ul style="list-style-type: none"> -Around 11 AM, a Psychosocial Rehabilitation (PSR) staff informed her of concerns regarding an incident at the group home, in which FC #11 sustained an injury to his eye, his eye was red. Initially, it was some confusion to whether the perpetrator was a staff or client because; she was not familiar with the name of the perpetrator. The FQP later confirmed the perpetrator was a client. -Initially, the day program staff did not notice FC #11's red eye. "(FC #11) talks with his head down so we didn't catch it...He didn't complain of pain" or lay his head down out of discomfort. -FC #11 did report pain to other parts of the body. He reported he has been kicked by FC #12. He said he was kicked in either the knee or the leg. She did not recall which leg or knee he complained was in pain -FC #11 and his house mate (client #1) informed the PSR of the incidents. -FC #11 is verbal but not descriptive in providing information due to his limited cognitive ability. -FC #11 and client #1 reported FC #12 got mad at him "during the nighttime. So I would say dinner. [FC #11] was stabbed in the eye with a fork and kicked several times by [FC#12]." <p>During interviews between 04/01/20 and 04/17/20, the FQP reported the following:</p> <ul style="list-style-type: none"> -Staff #2 called her late the night of 03/15/20. Staff #2 reported it was a verbal altercation between FC #11 and FC #12. "I don't think he was aware of the full scope of what happened. I 	V 110	<p>When FQP met with FC#11 on 3/16/2020 he did not report being hit in the eye with an object. When asked he stated, "I don't know." FQP assured FC#11 he would need to tell truth about what happened to further investigate since PSR staff reported FC #11 gave report that he was injured by a staff at the group home. FC#11 stated "I hit FC#12." FQP then asked what happened next. FC #11 stated "Nothing." FQP informed PSR would return to take consumer to the doctor however due to COVID pandemic at the time FQP needed to take precautions to transport and not expose him to other people. FQP met with CEO to discuss plan of action and plans to notify guardian of the incident.</p> <p>EDEH finds it very questionable PSR staff did not notice the injury upon his arrival to the program on 3/16/2020 to determine a timeline for the injury. FC #11 would have left the group home around 7-7:30am and arrived at the program between 8:30-9am which the staff there would have the opportunity to observe the condition of his eye injury earlier than the time FQP was notified. FQP was notified shortly after 12 noon about FC#11 having an injury or concerns about the incident. To best assess the time frame of the injury it would have been best to determine a timeline for FC#11 eye injury upon arrival at PSR that morning until the time FQP was notified.</p> <p>When FQP met with consumer at the program he did not indicate any pain or injury to himself. If that was reported FQP would have investigate that concern as well by seeking immediate medical care. FQP verify this limitation of his cognitive abilities as accurate based on lack of information given to FQP on 3/16/2020 by FC#11 while at PSR.</p> <p>Client #1 is not a reliable source based on own cognitive inabilities and notorious for not telling the truth. FQP consulted with client#1 mental health therapist to discuss the incident in the home and his cognitive abilities to recall the incident during the internal investigation to determine the facts about the incident.</p>	

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V 110	Continued From page 5 didn't know of the physical aspect until the next day when the day program" called. _____ -Over the course of a few days, she conducted an investigation. The investigation included interviews with FC #12, FC #12's guardian, client #3 and staff #2. None reported a sharp object being used. _____ During interview on 04/20/20, the Patient Coordinator at the Ophthalmologist's office reported the following: -She spoke directly with the Medical Assistant for the Ophthalmologist's. The Medical Assistant reported it was hard to determine how long between the trauma and the length of time for redness in the eye to occur or be observed. Some "redness can within seconds, minutes or hours, however, if it occurred at minimum the night before, the redness would be seen the next morning."	V 110	FQP verifies this notation is partially accurate based on information received from staff on 3/15/2020 FQP/CEO did have a meeting with FC#12 and his family on 3/17/2020 to further investigate the incident. FC#12 did admit that he was frustrated with FC#11 and denied utilizing an object, that FC#11 hit him first. Let it be noted, FC #12 is of short height compared to FC#11 which makes it questionable if he could reach FC#11 eye. During the meeting we observed FC#12 demonstrate his actions on someone of similar height to FC #11. FC#12 reported FC#11 hit him first and he remembered swinging back at him with no object. FC#12 was immediately removed from the group home for safety concerns regarding FC#11 family possible retaliation towards FC#12. The parents of FC#12 were concerned for the safety due to the information reported during the meeting with EDEH staff on 3/17/2020 N/A	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 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 achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least	V 112	According to policy 500.08, 500.10, 500.11 and 500.12 QP will train DCS on all ISP to include: <ul style="list-style-type: none">• Outcomes• Strategies• Staff Responsibilities• Schedule to review by CEO• Training on documentation to ensure QP understanding sequence prompts by CEO FQP trained Paraprofessionals (DCS) on each person's ISP and documentation regarding the interventions to be trained to manage conflict in the group home om6/26/2020. FQP will review documentation as well as goals being performed minimally monthly. FQP will monitor weekly on each shift to ensure all DCS are displaying competencies based on DHS standards.	

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V 112	<p>Continued From page 6</p> <p>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, the facility staff failed to implement strategies outlined in the treatment plans of one of two former clients (FC #11). The findings are:</p> <hr/> <p>Review on 04/07/20 of Former Client (FC) #11's identification page faxed by the Facility's Qualified Professional (FQP) revealed:</p> <ul style="list-style-type: none"> -Admitted: 08/03/18 -Diagnoses: Severe Intellectual Developmental Disability, Disruptive Mood Dysregulation Disorder, Hypertension and Diabetes <p>During interview on 04/09/20, the agency's support staff reported the following goal and strategies outlined in FC #11's record:</p> <ul style="list-style-type: none"> -Treatment plan dated 09/04/19 goals included client to change clothes daily. -Strategies outlined for his goal included: Ask for assistance, change clothes daily and seek assistance, group Home..variety of interventions, structure face to face interventions, collaborate 	V 112	<p>All employees are given outline of all consumer treatment plans and goals to meet daily. Staff has access to all treatment plans during their shifts to assess the needs/goals of the consumers.</p> <p>FQP provided DHS Investigator will all the requested documents to support FC#11</p> <p>FQP verifies this goal as being accurate for staff to assist client with daily. FC#11 has had challenges with meeting this goal since his admission to EDEH. FC#11 would indicate he liked wearing the same clothes that were familiar to him (i.e.) if a family member or someone gave him a particular pair of pants he would like to wear them every day. Staff attempted daily to encourage FC#11 to change his clothes and bathe with challenges and lack of motivation. FC#11 did respond well to certain staff that would empower him to complete his daily ADL's. FQP discovered FC#11 would like to wear the same sneakers which were malodorous which was discovered and communicated with PSR staff. FQP did engage with consumer to assist with encouraging him to change his sneakers and he was adamant about wearing the same ones since they were given by a family member. Consents were requested by HR/Office Manager on numerous occasions in the past to assist with dental, medical and podiatry from guardian with no cooperation in the past.</p>	

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V 112	<p>Continued From page 7</p> <p>services with others on treatment plan support to increase and remind to shower daily and change clothes.</p> <p>-Assessment dated 08/03/18 indicated history of wearing clothes 3-4 days consecutively.</p> <p>_____</p> <p>During interview on 04/01/20, staff #1 reported the following about FC #11 regarding hygiene and showering:</p> <p>-He was "lazy" about showering. He clarified "lazy means he would slip by and if you told him he would" shower.</p> <p>-His clothes were kept in the closet and maintained neatly by his guardian and ACTT (Assertive Community Treatment Team)</p> <p>-The day program expressed concerns about the wearing of same clothes. He would wear the same t-shirt or clothes. Once it became a problem, staff #1 threw the T-shirt away.</p> <p>-A meeting was held with the day program, but he was not aware of what was said specifically about the outcome.</p> <p>-All clients at the home bathe independently.</p> <p>_____</p> <p>During interview on 04/02/20, staff #2 reported the following about FC #11 regarding hygiene and showering:</p> <p>-Staff #2 worked at the group home on the weekends Friday 3PM-Monday 9AM</p> <p>-The other clients told him client did not change his clothes. The other clients reported FC #11 always wore the same clothes, for days</p> <p>-Only observed client wear clothes two days consecutively</p> <p>-Client did have an odor..."it was his clothes, not a body odor"</p> <p>-The group home had not informed him of strategies</p> <p>-FC #11 would not give any problems when asked to change clothes or bathe.</p>	V 112	<p>FQP verified this information as per initial assessment EDEH.</p> <p>Staff #1 human resource information was given to DHS Investigator as requested.</p> <p>FQP verified this information is inaccurate; client was not active or ever linked with ACTT.</p> <p>FQP did speak with PSR staff on numerous occasions about the challenges with FC #11 ADL skills and staff monitoring his progress.</p> <p>Consumers are encouraged to bathe independently with supervision from DCS as needed, FC#11 would respond to rewards to take baths when prompted by FQP.</p> <p>FQP met with DCS to review treatment goals and clarified that FC#11 would change into dirty clothes although he would bathe and received prompts from DCS daily.</p>		

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V 112	<p>Continued From page 8</p> <p>During interview on 04/14/20, the Program Manager at the Day Program reported:</p> <ul style="list-style-type: none"> -Within the past 12 months, she had met with the group home management three times regarding FC #11 wearing the same clothes daily to the program. -She sent an email to the FQP on 02/12/20 to address reported concerns FC #11 still was not changing clothes and bathing. He seemed to have a cold and used his jacket as well as clothing to wipe his nose. She wanted the FQP to see that group home staff assisted FC #11 with bathing, washing clothes and using deodorant daily. -"We would know it was the same attire and was not washed because the stains from previous day where there" -The FQP would respond with information regarding how FC #11's clothes were set up at the house (closet and the guardian purchased clothes, etc). - "If you worked with [FC #11], then you know he would not be so up on his hygiene. He's not able to function at the level to worry about showering or his clothes neatly in place." -FC #11 continued to have issues with bathing and hygiene until 03/16/20, his last day at the day program <hr/> <p>During interviews between 04/01/20 and 04/20/20, the FQP reported the following about FC #11 and his hygiene/showering:</p> <ul style="list-style-type: none"> -Client "had a lot of issues. Everyone's level of functioning is different. His mindset was that it was not important." -Day Program staff had reported concerns directly to her. -He just preferred to wear certain clothes. "I would talk to staff about it. On several occasions, 	V 112	<p>FQP did meet with PSR Staff on occasion to discuss his challenges and staff monitoring his progress with ADL's daily.</p> <p>FQP did receive an email on 2/12/2020 and responded on 2/13/2020. FQP followed up with DCS Staff#1 at group home about this concern and best approaches for FC#11 daily to monitor/support him with attending to his ADL's.</p> <p>FQP did inform that FC#11 clothes were displayed for him to change them daily with staff supervision. EDEH staff often reported the consumers concerns to his guardian as a way to include in the process of assisting FC#11 in the home with minimum support from guardian most of the times. FQP and EDEH consultant met with FC#11 guardian about concerns for his hygiene, medical and need for support from family in January 2020.</p> <p>FQP verifies that measures were taken to improve FC#11 routine for changing his clothes/bath daily with supervision with staff in the group home. FQP contacted guardian to obtain assistance with moral support and organizing his clothes based on his treatment plan goals.</p> <p>FQP verifies that not to be valid based on his level of functioning and needing constant prompting to complete ADL skills daily. FQP addressed these concerns with his therapist as well and discussed ways for a nurturing therapeutic approach based on his level of functioning.</p> <p>PSR staff did have discussions with to discuss concerns for FC#11, FQP would immediately contact staff working shifts during the time to further explore options and ways to assist, encourage and determine best plan of action based on treatment goals to assist FC#11</p>	

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V 112	Continued From page 9 we would have clothes sorted and laid out." -Previous staff said the dirty and clean clothes were combined. We tried to put the dirty clothes outside his door. We wanted personal care services, but guardian didn't sign the paperwork. -Two weeks before the 03/16/20 incident, the guardian put up all his clothes in his closet. -"On one or two occasion that he wore the same clothes, he ran out the door before staff could see him to catch the transportation for the day program." -"It was not that [FC#11] he was not washing, it was he wore the same clothes. He liked to wear the same clothes each day. Part of that it was the shoes, they had an odor and he didn't want to get rid of them."	V 112	FQP was informed FC#11 would often combine his clean/dirty clothes even with assistance from staff. FC#11 guardian did not make it a point to follow through with the recommendations given by FQP to implement personal care services by not coming in for appointments to sign the documents for the services. This process went on for several months. The guardian would make it a point to come in to pick up monthly allowance and when approached would not have time to sign documents for services needed. FQP shared recommendations of additional services to address FC#11 needs and the guardian failed to sign the paperwork. FQP did arrange for guardian/family member to come in for a joint effort to assist consumer with organizing his clothes, shoes, hygiene products, etc. FQP wanted to verify the plan of action for FC#11 in the home and make sure the staff were fully informed of the plan for him for one on one assistance with ADL's	
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	V 291	Contact with FQP & CEO is required daily to discuss individuals and concerns in the group home. According to policy (200.00) FQP contacted Guardian minimal monthly or as needed to share concerns, progress and well being of consumer FC#11. FQP will discuss minimal monthly with treatment team about changes and concerns monthly or as needed. FQP will document monthly summary for each individual – monthly summary will include mental, medical appts, concerns, progress on goals and communication with treatment team.	

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V 291	<p>#3 Continued From page 10</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility operator failed to coordinate services with other qualified professionals responsible for treatment/habilitation of one of three audited clients (#5). The findings are:</p> <hr/> <p>Review on 04/07/20 of client #5's identified page faxed by the facility on 04/06/20 revealed: -Admitted: 03/23/20 -Diagnoses: Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder, Anxiety, Gastroesophageal Reflux Disease (GERD), Schizoaffective, Insomnia, Cocaine Use, Asthma and Gait -Mental Health Treatment team information listed contact information for an ACTT (Assertive Community Treatment Team)</p> <p>Review on 05/11/20 of client #5's discharge summary from a local hospital revealed: -Admitted: 09/01/19 -Discharged: 03/23/20 -Admission Diagnosis: left leg pain, fall initial encounter -Discharge Diagnoses: Principal problem: fall</p>	V 291	<p>FQP/CEO did coordinate services with other providers involved at the time on Client #5. Client #5 was admitted on 3/23/2020 with services related to physical therapy, occupational therapy, speech therapy, and ACTT with DH/EDEH contract. FQP was involved in coordinating appointment with the therapist due to delay in their time/schedule to visit the home based on Duke discharge plan. FQP as noted above met with therapist in home regarding mobility and received literature and demonstrations on how to assist consumer to prevent fall risk.</p> <p>As previously noted FQP contact Durham ACTT office on 4/3/2020 due to no contact from them. FQP was provided contact for ACTT Team Lead1. QP also spoke with guardian regarding contact for ACTT to obtain phone number for another ACTT Team Lead since did not receive response from ACTT Team Lead1. FQP was unable to send consent form due to no contact information for ACTT or did not have consent form from ACTT to coordinate services as the time due to COVID19 delays. ACTT did not reach out or contact EDEH to make themselves known since consumer was living in group home.</p> <p>Client #5 initially discharged from DH under contract for 30 days until AHS authorization approval client#5 for services with EDEH. DH provided physical, occupational and speech therapy during that period of time until Alliance authorization was approved. FQP coordinated with DH Social Worker to assist with appointments for in-home services to coordinate quality of care based on his TBI diagnosis due to fall risk. FQP maintained contact with Team South Staff through DH to monitor the schedule and safety of the home due to COVID19. Consumer was in transition from Durham County to Wake County in the midst of a pandemic with COVID which coordinating his schedule for services with other providers.</p>	

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V 291	<p>Continued From page 11</p> <p>frequently...Active Problems included lower extremity weakness</p> <p>-At time of discharge, Home Health, Nursing, Physical Therapy, Occupational Therapy services and equipment (walker) were in place</p> <p>Review on 05/20/20 of level 1 incident reports of client #5's falls submitted by the Licensee revealed:</p> <p>-On 03/25/20, Facility's Qualified Professional (FQP) was notified by staff, client #5 fell as he attempted to turn television located in the living room area. FQP met with client #5 to assess his physical conditions as well as limited inabilities in his mobility.</p> <p>-No other documentation of any other falls</p> <hr/> <p>During interview on 04/17/20, with the Registered Nurse from client #5's ACTT reported:</p> <p>-During her visits April 1, 9, 13, 2020 no one (staff or client #5) mentioned any occurrences of falls.</p> <p>-She visited the home on 04/16/20 and asked specifically about falls. Client #5 verified he had fallen at the group home as recent as the week prior to this visit.</p> <p>-She did not observe any abrasions or bruising during her visits.</p> <hr/> <p>Review and interview on 04/17/20 of photo submitted by the FQP of client #5's face revealed markings in three areas on the right side of his face-</p> <p>(1) abrasions noted between his cheek bone and beard line (2) two red thin small lines near his eye (3) small line along his jaw line in his beard. The FQP indicated she took the photo after a fall in which client #5 sustained a few abrasions. She completed an internal incident report and submitted it to the Corporate Office's Qualified</p>	V 291	<p>FQP did ensure Level1 incident report was completed and submitted to HR on 3/27/2020. FQP met with physical/occupational therapist to discuss concerns and treatment goals for fall risk. FQP was informed by therapist that falling was part of his history and condition based on his physical limitations. Discussed support and tools to assist consumer in the home to improve his mobility to walk without falling. FQP met with physical therapist and/or occupational therapist to discuss fall risk which she provided FQP will educational tools to assist client in the home and the risk of falling due to his muscle weakness from injury and being hospitalized for several months. Consumer was given a waist belt to wear and therapist did demonstration for FQP to train staff in the home. FQP will ensure DCS are aware of safety needs of all consumers.</p> <p>EDEH was not aware of ACTT Team from Durham or provided with contact information to collaborate client #5 treatment. FQP had contacted Durham ACTT via phone to get contact information for Raleigh Team which was not in the discharge documents from Duke Hospital. FQP was given contact information for ACTT Team Lead from guardian (see above note) after failed attempts with ACTT Team Lead1. Since then FQP has maintained contact with ACTT to coordinate visits, injections, concerns and weekly schedules due to COVID19 restrictions in the group home.</p> <p>FQP verify this is accurate notation of the incident with Client#5</p>	

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V 291	<p>Continued From page 12</p> <p>Professional.</p> <p>During interview on 04/13/20, staff #3 reported the following about client #5:</p> <ul style="list-style-type: none"> -When he started, client had already been admitted. -Initially, his job assignment was to provide one on one overnight service from 10PM-6AM due to falls. -Client had not fallen since he worked at the group home. Client's fall occurred the day before he was hired. -Client's face was bruised up. Staff #1 applied ice packs to the area. -Client's mom "wanted us to describe the bruises to her to determine if he needed medical care. She made the decision not to go to the hospital I think." <hr/> <p>During interview on 04/15/20, client #5's guardian reported the following about client #5:</p> <ul style="list-style-type: none"> -He was in a car wreck in 2015 and sustained a TBI. -He lived by himself for two years, started falling and then remained in hospital for 7 months due to falls/instability. Upon his discharge from hospital, he was taken to the group home. -He had been at the group home a few weeks. He had fallen twice at the group home. -The first fall- his Physical Therapist (PT) was there and he was outside on front or back porch and fell. They didn't seek medical treatment at that time because PT was there and looked at him. -Second fall- it was toward the end of the same week as fall with PT. He was getting ready to sit in living room on sofa. Lost balance and hit his face. His jaw was bruised, head hurt for three days and then he had headaches. It was a hard hit to the head. His jaw remained sore for "maybe 	V 291	N/A	

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V 291	<p>Continued From page 13</p> <p>4 days." He was given ice pack, Tylenol by Staff #1. The FQP went over the next night. "I came over on the third day. He was sore and could not eat. He said he had trouble chewing," Group Home was trying to see if he needed medical treatment. Group Home did a communication board for him to write to communicate. Group Home decided not to go to the doctor. She was not aware if a telehealth appointment was completed regarding the fall.</p> <hr/> <p>During interview on 04/17/20, staff #1 reported,</p> <ul style="list-style-type: none"> -He worked during the week at the facility. His shift included overnight duties -He was not aware of any falls for client #5 -He never applied ice or provided first aid for client #5 <hr/> <p>During interview on 04/15/20, client #5's Previous Community Support Team Leader reported the following about client #5:</p> <ul style="list-style-type: none"> -He worked with client via ACTT services -Prior to his admission to the group home, client was in the hospital in another county located 30 minutes from Raleigh. Client was admitted because he kept falling and was unstable. -While in the other county, he served as client's Team Leader March 23-April 1, 2020. -Between March 23-April 1, 2020 Telehealth meetings were held with the group home. This Team Leader was not involved with the those meetings but his former Community Support Team QP conducted the meetings. Per the Community Support agency's documentation, no notation regarding falls. -On April 1st, client #5 transitioned to another team located in the county in which the group home was located. -Per that team's notes, no falls or concerns 	V 291	<p>This is inaccurate information about FQP visiting on 3rd day, FQP visited on same day of incident. FQP did not report consumer was sore and could not eat. FQP inquired if he had any pain or discomfort during that time which consumer denied. FQP did speak with guardian about the fall to discuss plan of action which was decided he was given ice pack, Tylenol, to sooth him if he did experience any pain or discomfort. FQP did provide consumer with a communication white board to write as a form of communication during the investigation of the fall and future communication due to his speech impairment. There was no plan to take to doctor after discussing with physical/occupational therapist due to COVID which did not allow a visit with doctor however the fall was reported to physical/occupational therapist about fall concerns taking care of consumer at the time for physical mobility needs.</p> <p>Consumer did have an appointment with his physician on 4/1/2020 via telehealth. FQP initially spoke with nurse about his status since d/c from DH. FQP did discuss with her the concerns about falling and physical/occupational therapist in the home to assist him. FQP understanding from that conversation was that consumer was receiving services in home to assist with falling which made it manageable at the time due to COVID restrictions. During that time of his appointment with primary care physician there was discussion about services in place in the home since he was not able to meet with consumer face to face as well as consumer wanting Soboxon which did not primary care doctor felt comfortable prescribing due to lack of history on client as a new patient. FQP reported would inquire with ACTT about the Soboxon since his guardian reported there were concerns in the past with this medication. FQP inquired that consumer was seeking substance and was concerned about his fall risk with doctor about prescribing new meds.</p> <p>FQP verifies this information was in his history</p> <p>FQP can not verify this is accurate, based on past history of ACTT not being compliant with client as per his guardian. FQP did not have any contact with ACTT at that time period. FQP did not receive any call from ACTT until FQP found team members in the home visiting consumer. Client #5 guardian requested a watchful eye of ACTT due to past history of noncompliance with visitations and family member who maybe supplying illegal substances to the consumer. Guardian since has requested another agency to provide ACTT services due to unpleasant past experiences with ACTT performance.</p> <p>This notation on contradictory to previous note from ACTT</p>	

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V 291	<p>Continued From page 14</p> <p>had been noted April 1-15, 2020.</p> <ul style="list-style-type: none"> -Per the ACTT notes, he was seen by the agency's nurse April 1, 9, 14 and his peer support worker on April 8 & 13, no documentation of any falls or injuries, concerns of not eating or soreness -During this interview, he texted the current Community Support Team Leader. She had not been in contact with the group home nor was she aware of any falls regarding client #5. -"If he were to fall, it would be helpful to let us know, especially since he was hospitalized due to falls." <hr/> <p>During interview on 04/17/20, the FQP reported the following about client #5:</p> <ul style="list-style-type: none"> -Her only interaction with ACTT members were the Registered Nurse, Physical Therapist and a Peer Support Staff. -Prior to this interview, she was not aware of the Previous Community Support Team Leader or Current Community Support Team Leader. -She spoke with client #5's primary care physician regarding the falls during his telehealth appointments <hr/> <p>During interview on 04/20/20, the medical records department at client #5's primary care physician's office reported the following:</p> <ul style="list-style-type: none"> -Client #5 was a new patient at their agency -Prior to 04/02/20, no communication had been noted regarding client #5 -He had a telehealth appointment on 04/02/20. Notes from that meeting reflect a mention of history of falls and TBI diagnoses but nothing specific. The notes from that visit referenced discussion regarding GERD. -As client #5 had a history of TBI, information regarding falls would have been helpful to make medical decisions. The physician could monitor 	V 291	<p>FQP did not have contact information for ACTT based on discharge papers from DH missing contact information. FQP did have contact with physical and occupational therapist about fall risk and obtain information to assist consumer in the home with tools/educational documents to monitor his progress. FQP spoke with speech therapist during this period to find he was denied services due to trauma which therapist determined did not qualify him for services. FQP did attempt to dispute this service at that time which was discussed with guardian which was decided it was best to wait to discuss with primary care physician at a later time. This notation on contradictory to previous note from ACTT.</p> <p>FQP met ACTT members (nurse and psychiatrist while they were visiting the home) and Physical/Occupational Therapist during visits. FQP also met with Specialized Consultative therapist to coordinate TBI services in the group home.</p> <p>FQP googled ACTT to obtain Raleigh location contact information to be directed to the Durham ACTT to get Raleigh contact information on 4/3/2020. Contact information was given for ACTT Team Lead1. FQP called and left messages to follow through with ACTT services for consumer to collaborate and follow up with injection medication schedule.</p> <p>FQP did discuss services and consumer request for Saboxon with primary care physician during his telehealth appointment on 4/1/2020. During that time he was not familiar with consumer's history and determined it had been over a year since prescribed based on medical records from Duke Hospital.</p> <p>FQP did discuss the prior fall risk concerns with nurse to inform client #5 was in treatment with physical and occupational therapist. In addition, discussed plans for speech therapy services due to being unable to clearly understand consumer speech limitations. This contact occurred during a time of COVID restrictions and doctor was becoming familiar with consumer status in the group home. FQP agree the primary care physician would need to determine the plan of care for client #5 based on his history and medical needs.</p>	

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V 291	<p>Continued From page 15</p> <p>severity of the fall, determine if he needed to be seen and provide guidance or support if needed.</p> <hr/> <p>Review on 05/19/20 of the facility's Plan of Protection (POP) dated 05/19/20 submitted by the Licensee revealed the following:</p> <p>"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -[Agency name] will immediately report to [name of agency] ACTT, Guardians, Family Members any incidents (falls, medical, mental health, etc. regarding/affecting the Consumer's health and safety in the group home. -[Agency name] will complete incident reports on the appropriate level as required by DHSR and submit as required.</p> <hr/> <p>Describe your plans to make sure the above happens. -The POP will be monitored by the QP who reports directly to the Executive Director. "</p> <p>Client #5 had diagnoses inclusive of TBI. Prior to his 03/23/20 admission to this facility, client #5 remained hospitalized for 7 months due to falls/instability. Client #5 had fallen twice at the group home. Client #5 received ACTT services inclusive of nursing services that visited the group home at least weekly. The ACTT and client #5's Primary Care Physician were not aware of the falls. The lack of service coordination with client #5's physician's and his treatment team regarding these falls is detrimental to client #5's health, safety and welfare. This impacted other agencies' ability to provide input regarding safeguards for falls, develop and implement strategies to meet his need. This constitutes a Type B rule violation. If the violation is not corrected within 45 days, an</p>	V 291	<p>EDEH will adhere to DHS standards/policies regarding the violations listed in the summary.</p> <p>EDEH will review the plan of corrections and take all necessary steps to adhere to protect of clients from further risk and/or harm to maintain their safety in the community.</p> <p>EDEH will immediately report to ACTT, Guardian, Family Members any incidents regarding to care of all consumers in the home which could impact the consumer's health and safety in the group home.</p> <p>EDEH will complete incident reports in a timely manner based on the requirements by DHSR and submit them as required.</p> <p>FQP will facilitate the follow through of the Plan of Protection to ensure the safety of all consumers in the home. FQP will communicate and discuss all Plan of Protection with EDEH Executive Director ongoing.</p> <p>FQP did communicate the falls with physical and occupational therapist during the visits in the home to safe guard. FQP did not have contact information for ACTT until 4/3/2020 was given ACTT Team Lead1contact information. FQP did not hear back from her and inquired with client #5 guardian about her having any contact with them and she provided me with ACTT Team Lead who then provided me with nurse contact information. EDEH did contact ACTT main office in Durham to request communication for treatment. ACTT denied request for internal consent and preferred their consent on 5/19/2020. This information was communicated via email.</p>	

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V 291	Continued From page 16 administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 291		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that	V 367	CEO will continue to train FQP and/or HR Office Manager on completing incident reports and process to report incidents, documentation and follow up with medical providers. FQP will continue to train all staff on what, when, how and why to complete incident reports and levels of incidents. In addition: <ul style="list-style-type: none">• Who to contact when an incident occurs• The time limit to send and inform others of the incident (within 72 hours) CEO will have weekly or monthly meeting with FQP to discuss incident reports. FQP will continue to follow through with HR Office Manager to ensure incident reports are completed in IRIS system in the required time.	

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V 367	<p>Continued From page 17</p> <p>information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 18</p> <p>incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure all level II incidents reports were submitted to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings are:</p> <hr/> <p>Review between 04/01/20-04/17/20 of the facility's records revealed no incident reports.</p> <hr/> <p>Review on 04/20 of the North Carolina Incident Reporting Improvement System (IRIS) yielded no incidents submitted for the agency between 03/01/20-04/17/20.</p> <hr/> <p>Review on 04/13/20 of FC#11's 03/17/20 visit with the Ophthalmologist (eye specialist) revealed: -Chief Complaint: Assault occurred over the weekend with pencil by peer, positive for achy pain & red eye, denies change or loss of vision -Impression: "Trauma on left eye-appears to have had injury sharp object into nasal quadrant of left eye. Conjunctiva (the mucous membrane that covers the front of the eye and lines the inside of the eyelids) with penetration possibly to Tetanus capsule but no perforation (small hole) through sclera (the white outer layer of the</p>	V 367	<p>FQP did ensure an incident reports for FC#11 and FC#12 which were submitted on 3/16/2020 and 3/17/2020 to EDEH/HR Office Manager.</p> <p>EDEH/HR Office Manager discussed this matter with DHS Investigator regarding the details of incident reporting based on the incident and the guardian removing FC#11 from the group home on 3/16/2020 immediately which determined he was officially discharged from EDEH. EDEH is fully aware of the requirements to complete incident reports in a timely manner and was not able to further investigate the injury due to removal of the consumer from the group home immediately by his guardian which resulted in not having it completed.</p> <p>N/A</p>	

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V 367	<p>Continued From page 19</p> <p>eyeball. At the front of the eye it is continuous with the cornea) since pupil is round with normal activity...Likely to occurred within 48 hours based on injury."</p> <hr/> <p>During interview on 04/01/20, the Facility's Qualified Professional (FQP) reported the following:</p> <ul style="list-style-type: none"> -On 03/16/20, she received a call from FC (Former Client) #11's day program. -FC #11 reported to the day program that over the weekend, he was in a physical altercation with FC #12. As a result of the physical altercation in which FC #12 stabbed FC #11 in the eye. FC #11's eye was red and swollen. -From the day program, FC #11's guardian took him to his primary care physician. -Within a few days after 03/16/20, she conducted an investigation which included interviews with FC #12, FC #12's parents, client #2 and staff #2. <hr/> <p>During interview on 04/15/20, the Quality Assurance Analyst at the LME reported the following:</p> <ul style="list-style-type: none"> -Per guidelines, anything that required more than basic first aid, an incident report should be generated. -If an incident/injury occurred, the client was taken to the doctor and the outcome was more than a diagnosis, a level II incident report should have been generated. -If medical treatment such as a prescription was received, the incident would be a level II per guidelines. -Regardless to who took the client to the physician, the group home would be required to submit an incident report. The client sustained an injury at the expense of someone while in the care of the group home. 	V 367	<p>FQP verifies this information as accurate. FQP reported incident to Executive Director EDEH</p> <p>FQP verifies this information as accurate. FQP did not indicate FC#11 was stabbed in the eye that information was not reported at the time of investigation. FQP reported that FC#11 eye was red and did not appear swollen with no obvious injury to his left eye. FQP took a picture to substantiate the injury which was submitted to DHS Investigator.</p> <p>While investigating the matter, FC #11 guardian removed him from the program and aggressively appeared at EDEH office reporting he was stabbed in the eye is when it was made mention to EDEH staff, if it had been reported he would have been seen by medical care immediately. FQP assessed that FC#11 did not have need imminent injury to his eye with plan for him medical care which was being coordinated by FQP during investigation period on 3/16/2020.</p> <p>FQP began investigation immediately once PSR notified FQP of possible injury to FC #11 eye. FQP and Executive Director contacted the other consumer FC#12 to further investigate the incident that occurred on 3/15/2020.</p> <p>FQP did investigate on the day of the incident with client #5 and provided basic first aid and completed incident report as required.</p> <p>Based on assess by physical/occupational therapist its highly typical for client #5 to fall frequently and likely not substantiate an injury due to the body defense and history falling made him least likely for serious injury compared to others who do not have a history of falling.</p> <p>FQP did ensure a level one incident report was completed.</p>	

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V 367	<p>Continued From page 20</p> <ul style="list-style-type: none"> -LME records do not reflect an incident report either by client name or facility name or variations of the facility name. -Some providers submit incident reports using different than their licensed or contract names. -If the provider submitted name of client in error/typo, then that would impact whether we can see the incident in IRIS. <p>During interview on 04/16/20, the FQP reported the following regarding incident reports:</p> <ul style="list-style-type: none"> -She completed an incident report and submitted it to the Corporate Office's Qualified Professional. -The Corporate Office's Qualified Professional submitted information into IRIS -She was not aware if the internal report and her incident report from 03/15/20's altercation was submitted to IRIS <p>During interview on 05/19/20, the Corporate Office's Qualified Professional reported the following:</p> <ul style="list-style-type: none"> -An incident report was not generated for the red area for FC #11's redness to the eye. -She initiated an internal investigation but never concluded it because FC #11's guardian was uncooperative -As of this date, she remained unsure if the redness to the eye was medical based on allergies or some other condition. -She was not able to correlate the events of the altercation from 03/15/20 to the discovery of the red eye made by the day program on 03/16/20. -FC #11's guardian took him to the physician. Prior to this interview, she was not aware of the outcome from the physician's visit. -She was aware of FC #11's allegation of 	V 367		

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V 367	Continued From page 21 physical harm by FC #12 on 03/15/20. During interview on 05/19/20, the Licensee reported she: -Was not aware an incident report had not been completed and submitted to IRIS. -Would need to discuss the specifics with both Qualified Professionals regarding rationale for not submitting an incident report.	V 367		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure privacy was provided for one of two Former Clients (FC #11) during bathing. The findings are: Review on 04/07/20 of Former Client (FC) #11's identification page faxed by the Facility's Qualified Professional (FQP) revealed: -Admitted: 08/03/18 -Diagnoses: Severe Intellectual Developmental Disability, Disruptive Mood Dysregulation Disorder, Hypertension and Diabetes During interview on 04/09/20, the agency's support staff reported the following goal and strategies outlined in FC #11's record: -Treatment plan dated 09/04/19 goals of	V 742	CEO will continue to train FQP on privacy/client rights ongoing. FQP will continue to train Paraprofessional (DCS) on client rights ongoing. DCS were trained on this violation on 6/26/2020. Consumers will have privacy posted in their bedrooms and bathroom areas. Staff will have a full understanding of knocking on doors before entering unless staff is assisting, there should never be more than one consumer in the bathroom at one time. FQP will continue and conduct weekly visits in the homes each shift to ensure rules for consumers are being in compliance and the client rights are being respected/met.	

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V 742	<p>Continued From page 22</p> <p>strategies outlined for his goal included: Ask for assistance, change clothes daily and seek assistance. The group home had a variety of interventions such as structure face to face interventions, collaborate services with others on treatment plan support to increase and remind to shower daily and change clothes.</p> <p>-Assessment dated 08/03/18 indicated history of wearing clothes 3-4 days consecutively.</p> <p>During interview on 04/13/20, client #3 reported the following:</p> <p>-In late 2019, he was asked by staff #2 to make sure FC #11 took a shower.</p> <p>-He went into the bathroom with FC #11, made sure he got in the shower, adjusted the water and "told him to wash correctly. I didn't have to help (FC #11). I only did it once."</p> <p>During interview on 04/02/20, staff #2 reported the following about FC #11 he:</p> <p>-Was not aware another client assisted or was in the bathroom as FC #11 showered</p> <p>-Had never asked a client to assisted FC #11 with bathing or bath time</p> <p>During interview on 04/14/20, the Program Manager at the Day Program reported:</p> <p>-Everyday one of the psychosocial rehabilitation (PSR) staff was assigned to monitor clients as their transportation arrived and departed from the day program.</p> <p>-In 2020, a PSR staff saw FC #11's house mate (identified later as client #3 by the FQP) on the transportation system. The PSR staff had previously worked with client #3 in a different capacity.</p> <p>-The PSR staff asked client #3 "if everything okay at the home with [FC #11].(Client #3) responded that [FC #11] doesn't wash property</p>	V 742	<p>FQP addressed this issue during the investigation period and discussed with DCS the importance of their role and respecting the privacy of the consumers in the group home while ensuring their health and safety at all times. DCS were trained on 6/26/2020 regarding the privacy of consumers in the home.</p> <p>FQP met with staff #2 for supervision regarding this matter to review privacy of consumers in the group home. Discussed his communication skills and ways to clearly give right directives to consumers without violating their rights. Staff #2 has cultural differences which make his dialogue difficult for others to understand at times which can be perceived as different in many ways. Staff #2 reported client #3 reported the water was not was not warm to take shower. FQP met with client #3 to find he did not go in shower while FC #11 was in the bathroom he adjusted the water prior because he knew the client was getting ready for program to be on time for transportation. FQP inquired with client #3 on several visits to determine the facts regarding this report given by DHS Investigator. Client #3 reported he was confused with the question given by staff #2</p>	

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V 742	<p>Continued From page 23</p> <p>and the staff at the house has him supervising [FC #11] in the shower. It was that he had to watch [FC #11] shower not wash him." -She called the FQP to make her aware. The FQP responded client #3 was credible and she would investigate the matter.</p> <p>During interviews between 04/01/20 and 04/20/20, the FQP reported: -She was not aware of anytime a staff asked a client to watch a peer during bathing or showering or even asked to assist. -Assisting with bathing would have been a staff responsibility and privacy would not have been afforded to the client being observed in the shower.</p> <p>During interview on 05/19/20, the Licensee reported: -Not aware of any situation in which a staff would have requested a client to monitor or assist another client in any way during bathing. -Concern would be of privacy for the client bathing.</p>	V 742	<p>FQP verifies not being aware of this issue until notified by DHS Investigator. FQP had known it would have been address immediately. DCS are not trained to have other consumers perform such duties in the home.</p> <p>FQP verifies not being aware of this issue until notified by DHS Investigator.</p> <p>EDEH conducted an in-service on 6/26/2020 to review all core competencies with DCS.</p>	