

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/04/2020
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NAME OF PROVIDER OR SUPPLIER
OLD 60 HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**258 OLD HIGHWAY 60
WILKESBORO, NC 28697**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A limited follow up survey for the Type A rule violation was completed on September 4, 2020. This was a limited follow up survey, only 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .5602-Staff (V290), and 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .5602-Staff (V290). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR - Mental Health SEP 22 2020 Lic. & Cert. Section	
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 annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of	V 112	V112 The Qualified Professional revised the Person Centered Plan to include diet consistency change and utensil resting program for client #3. A daily goal was added to address client #3's rate of eating and diet consistency. Staff were in-serviced on Client Specific Competencies for client #3. The Qualified Professional or designee will complete observations and assessments twice weekly for a period of one month and then on a routine basis to ensure staff are implementing Person Centered Plan's.	

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

TITLE

(X6) DATE

STATE FORM

6899

EJN11

If continuation sheet 1 of 4

9/17/20

Luzay Korman Regional Administrator

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>outcome achievement; and (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 interviews, the facility failed to develop treatment goals and strategies that addressed a client's needs for 1 of 3 audited clients (Client #3). The findings are:</p> <p>Reviews on 8/21/20, 8/26/20, 8/28/20, 9/1/20 and 9/4/20 and of Client #3's record revealed: -an admission date of 12/21/13; -diagnoses that included Schizophrenia, History of Alcohol Dependence (full remission), Severe Intellectual Developmental Disability, Traumatic Brain Injury, Cirrhosis of Liver, heart problems, Seizure Disorder, and Middle Stage Dementia; -a 7/1/20 treatment plan that did not include his presenting or continuing dietary need with developed treatment goals and strategies that addressed his dietary needs; -a 4/6/20 written and signed physician order to "change" diet consistency to 1-inch food consistency to include sandwiches due to "fast eating rate overfilling mouth...decreased chewing prior to swallowing;" -an 11/22/19 written and signed physician order for a utensil resting program.</p>	V 112	<p>V112</p> <p>In the future the Qualified Professional will ensure staff obtain and implement the knowledge and skills to implement Person Centered Plans as prescribed.</p> <p>By: November 03, 2020</p>	

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V 112	<p>Continued From page 2</p> <p>Review on 8/24/20 of the facility's written house meeting notes revealed: -4/21/20, Client #3's diet was changing..."He will get one inch food, this includes sandwiches as well;" -6/30/20, Client #3's treatment plan new treatment goals were reviewed with the staff with the agenda item #12 titled Diet (Menus, intake, consistencies, etc) having included the statement "No changes;" -7/21/20, no documentation that Client #3's treatment plan included new goals or strategies.</p> <p>Review on 9/1/20 of faxed pages of Client #3's July 2020 MAR revealed: -he was on a 1-inch consistency heart healthy diet that included sandwiches; -he was to follow a utensil resting program to slow his eating rate; -the MAR for these physician orders was left blank from 7/1/20 through 7/31/20.</p> <p>Interview on 8/24/20 with Client #3 revealed: -he was planning for his upcoming meal which as "2 burgers."</p> <p>Interview on 8/26/20 with Staff #1 revealed: -Client #3 was evaluated eating his lunch at the vocational center which led to his 1-inch food piece diet; -there was no mention or comment about Client #3's utensil resting program.</p> <p>Interview on 8/24/20 with Staff #2 revealed: -she was knowledge able about Client #3's food being chopped into 1-inch pieces to decrease his rate of eating; -although there was no mention about Client #3's utensil resting program, she monitored his eating when she worked.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>Interview on 8/28/20 with the Qualified Professional (QP):</p> <ul style="list-style-type: none"> -Client #3 was both physician-ordered to have a 1-inch food consistency diet and on a utensil resting program; -She did not think to add his dietary need with an eating goal and strategies in the 7/1/20 treatment plan because these were doctor orders; -She reviewed Client #3's diet consistency and utensil resting program with the staff in the 4/21/20 house meeting; -She would follow up to revise his plan. 	V 112		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

September 9, 2020

DHSR - Mental Health

Luray Rominger, Facility Administrator
RHA Health Services NC, LLC
176 Wildcat Road
Deep Gap, NC 28618

SEP 22 2020

Lic. & Cert. Section

Re: Limited Follow Up Survey completed September 4, 2020
Old 60 Home, 258 Old Highway 60, Wilkesboro, NC 28697
MHL # 097-068
E-mail Address: lrominger@rhanet.org

Dear Ms. Rominger:

Thank you for the cooperation and courtesy extended during the Limited Follow up survey completed September 4, 2020.

Only 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .5602-Staff (V290), and 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .5602-Staff (V290). A deficiency was cited.

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

Type of Deficiencies Found

A standard level deficiency is cited for 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112).

Time Frames for Compliance

Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 3, 2020.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

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

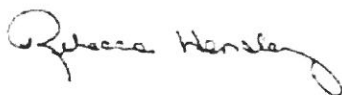
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge, Mountains Team Leader, at (828) 665-9911.

Sincerely,



Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@dhhs.nc.gov, DMH/DD/SAS
dhhs@vayahealth.com
Pam Pridgen, Administrative Assistant
File