

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 on 8/11/20. The complaints were substantiated (intake #NC00167640 and NC00167932). A deficiency was 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 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p>	V 106		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jara Sussoms 8-21-2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 106	<p>Continued From page 1</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure its policy regarding safety precautions as related to infectious diseases (Covid-19) was implemented. The findings are:</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>*The date of the interviews and the titles of two of the four staff interviewed were not provided as to allow the staff to remain anonymous*</p> <p>Interviews on 7/28/20, 7/30/20 and 7/31/20 with the Director of IDD (Intellectual Developmental Disabilities) Ministries revealed:</p> <ul style="list-style-type: none"> - While she was not aware a complaint had been made to the Division of Health Service Regulation (DHSR), she was aware a complaint had been submitted about the number of residents and clients present in the facility during a training on 7/21/20 via their "Lighthouse" system - As a result of the complaint, she had already begun an investigation into the concerns raised by the complainant - On 7/21/20, a medication administration training organized by the facility's Qualified Professional (QP) was held at the facility 	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 106	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The facility's guidelines were to have only ten persons present in the facility at any given time - While the training was being held, there were nineteen individuals were present in the facility - These nineteen individuals included ten staff, six clients who resided at the facility and three clients from a sister facility - Prior to the start of the training, the clients and staff had their temperatures taken and their oxygen levels were measured via the use of a pulse oximeter - Staff were seated throughout the facility, the six residents of the facility were in their rooms and the three clients from the sister facility were seated in the office of the facility - Staff wore masks, however, the clients did not wear masks - The training was scheduled to begin at 10 and last until 12 or 1 pm; however, it did not conclude until 1:30 pm - When she spoke with the QP, the QP reported that she believed she met the guidelines because she had only ten participants in the training - The QP had not understood that the number of clients present in the home had to be counted as well - The QP was informed that going forward, there should never be more than ten individuals gathered in the facility at one time - This would also be addressed again with the QP during her supervision meeting - She did not believe the QP meant to place any of the staff or clients at risk to contract Covid-19. <p>Review on 8/3/20 of a complaint made anonymously via the "hotline" of the agency which oversaw the operation of the facility on 7/22/20 revealed:</p>	V 106	<p>QP and I/DD Director met for Supervision on August 11, 2020 to discuss facility guidelines to only have 10 persons present in the facility at one given time. (Documentation to be provided) I/DD Director will monitor through monthly supervisions.</p>	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 106	<p>Continued From page 3</p> <p>- "...This is about a staff member Supervisor [QP], she held a training at the home yesterday 7/21. During this training she did not follow agency procedures. She put the staff and residents at risk for Covid-19. The first thing that happened, there should only be 10 people at a time gathering and there was a total of 19 in the home. That included residents from three different homes. Also there were too many people in the home, so we were unable to social distance ourselves from each other. The residents were coming in to the training area where the staff was training. The residents were not wearing masks but were interacting with the staff. This is a group home and we are expected to be wearing masks. [The QP] is a supervisor and she is expected to keep the staff and residents safe."</p> <p>Review on 8/3/20 of the facility's "Infection Control Plan for COVID-19 and other related Diseases" revealed:</p> <p>- "Baptist Children's Home (BCH) Intellectual and Developmental Disabilities Ministries program has designed an Infectious Control Plan. This is to keep our residents and staff safe and healthy in the event of any COVID-19 outbreak in our homes or other related infectious disease that may arise in our facilities. We strive to keep our resident's health and safety top priority as we continue to improve our infection control practices and help to prevent the spread of any viruses ..."</p> <p>- "...Implement universal facemask use by all people in the facility (source control), including all staff, residents, and visitors ..."</p> <p>- No date listed on the plan which reflected the date the plan was developed or by whom</p> <p>Review on 8/3/20 of the "Guidance for Smaller Residential Settings Regarding Visitation,</p>	V 106	<p>BCH to update the Infection Control Plan for COVID-19 and other related Diseases, to note the date it was updated and by whom. (Updated Plan to be attached)</p> <p>To be monitored by the I/DD Administration Team. Plan to be updated by I/DD Director.</p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 106	<p>Continued From page 4</p> <p>Communal Dining, Group and Outside Activities" from the North Carolina Department of Health and Human Services (NC DHHS) and dated 6/26/20 revealed:</p> <ul style="list-style-type: none"> - For facilities of six or fewer beds, guidelines documented that staff in residential facilities should "...ensure face covering for all individuals; maintain social distance wherever possible, particularly in community settings. It is important to avoid close contact (being within 6 feet for 15 minutes or longer); limit group size such that infection prevention measures such as hand hygiene, use of cloth face covering, and social distancing can be appropriately followed..." <p>Review on 8/3/20 of emails sent between the IDD Director and the Special Ministries Director and Program Analyst (SMD/PA) on 7/22/20 in response to the complaint shared via the "Lighthouse" system revealed:</p> <ul style="list-style-type: none"> - From the IDD Director: "Thank you, I was told this morning that this (gathering of nineteen individuals in the facility on 7/21/20). I will look into it more. From my understanding, the Davis House residents were in their rooms. The [name of the sister facility located next door] ladies were all on the front porch and the visiting [clients from sister facility located in another county] were in the QP's office and not in the main living area (there were 3 residents). All the residents were separated and not in one area. The staff did have their mask on, but the residents did not have their mask on." - The SMD/PA responded: "It would be hard for 19 staff to social distance in the group home, even if residents were not in there. Thanks for finding out more info." - An email sent by the IDD Director to the SMD/PA on 7/23/20 revealed: "I talked with [QP] and asked that she not have more than 10 people 	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 106	<p>Continued From page 5</p> <p>in their home at time, no matter if the residents were in their room or not. She said she understood."</p> <p>Interview with staff revealed:</p> <ul style="list-style-type: none"> - They attended a medication administration training on 7/21/20 - There were nineteen individuals in the facility which included the clients who resided in the home, three clients from a sister facility, staff and the training instructor who was not an employee of the facility or the agency which operated the facility - Prior to the training, staff had been under "strict orders" to follow the DHHS guidelines which addressed how to respond to the Covid-19 crisis - These guidelines included minimizing visitors, the use of face masks and monitoring others for the possible symptoms of Covid-19 (temperature readings and oxygen level) - Staff were also told to keep the number of individuals at in-person gatherings at the facilities to no more than ten - They were not sure if the limit of ten was an agency guideline or a DHHS guideline; however, knowing this, they were surprised to see the number of persons in the facility - The staff were wearing masks; however, the clients were not wearing masks - They felt that having nineteen persons in the home and with the clients not wearing masks had placed the clients as well as the staff "at risk." <p>Interview with staff revealed:</p> <ul style="list-style-type: none"> - They attended a medication administration on 7/21/20 - There were thirteen individuals including the instructor present for the training - There were also nine clients (six who resided 	V 106	<p>The BCH QP Quarterly Staff Mtg took place on July 30, 2020. During this meeting it was discussed that all trainings/ meetings should be limited to no more than 10 people at one time in our facilities (or according to the state "phased" guidelines). Reminders to adhere to DHHS guidelines and agency policies were reviewed. Reminders to have staff and residents to wear PPE's were discussed. I/DD Director asked QP staff to review guidelines with their direct staff members.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

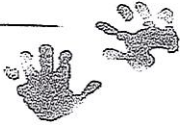
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 106	<p>Continued From page 6</p> <p>in the facility and three from a sister facility) also present in the facility</p> <ul style="list-style-type: none"> - The six residents of the facility were in their individual rooms and the three clients from the sister facility were sitting in the QP's office - Everyone who attended the training were seated on chairs which had been spaced throughout the room - Although precautions were taken (masks, availability of hand sanitizer and temperature readings), staff stated, "I would have been more comfortable if they had divided the training into two sessions." - "Quite honestly, I thought they shouldn't have that many people in one space." <p>Interviews on 8/6/20 and 8/7/20 with the QP revealed:</p> <ul style="list-style-type: none"> - She scheduled a medication administration training for 7/21/20, a training which was a requirement for staff - She made staff aware of the training "a couple of weeks" prior to 7/21/20 by sending an email to her supervisor and the QPs of the sister facilities - Some staff called to inform her they planned to attend; however, she was not fully aware of all the staff who planned to be present at the training until the day of the training - She knew at least "her staff (staff from the facility and the sister facility located next door) and maybe one more" planned to come to the training - The training was scheduled from 10 am until 1 pm; however, it ended at approximately 1:30 pm - Along with the ten staff and the training instructor, there were the six residents of the facility present in the home as well as three clients from a sister facility who were seated in 	V 106	<p>IDD Director and Program Coordinator will develop a form for QP's to use for prior approval of In House Trainings to ensure compliance with all state and local guidelines. Form to be developed by October 1st and training provided to all QP staff, on the use of the form, to ensure the health and safety of our staff and members. (Form to be submitted by Oct. 10th)</p> <p>I/DD Director to monitor proper use of form for In-House trainings</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
---	--

(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 106	<p>Continued From page 7</p> <p>her office</p> <ul style="list-style-type: none"> - Her understanding of the facility's Covid-19 policy for in-person gatherings was there should be no more than ten persons in the facility at a time; however, she believed that the gathering of ten did not include clients because "staff and clients were in and out of the homes all of the time." - She now understood this was a mistake on her part. <p>Interview on 8/11/20 with the Director of the IDD Ministry revealed:</p> <ul style="list-style-type: none"> - The policy of keeping in-person gatherings to no more than ten was related to an initial DHHS guidance on Covid-19 and those in residential settings - She had revised the infection control plan for facilities to follow in March or April of 2020 and utilized information provided by the DHHS in the revision of their plan - Staff were aware that in person gatherings should be kept to no more than ten persons - She would be meeting with the QP today for her supervision and to continue discussion of this specific incident and how to address situations such as this going forward. 	V 106	<p>QP Quarterly Staff meeting took place on July 30th, 2020. I/DD Director review the importance of limiting the amount of people in our facilities to 10 and emphasized the health and safety of our staff and members. Our Infection Control Plan will be updated and submitted to emphasized the states "phased number" limits, in our facilities.</p> <p>Infection Control Plan will be updated by October 1st and is reviewed annually by our I/DD Administrative Team.</p>	



BAPTIST CHILDREN'S HOMES OF NORTH CAROLINA, INC.
 P.O. Box 338
 Thomasville, NC 27361
 336.474.1200
 www.bchfamily.org

Qualified Professional's Supervision Form

Group Home Name/Department: Davis/Hinkle House / Idb

Date of Supervision: 8/11/2020

Duration of Supervision: 1 hr.

Qualified Professional's Name: Shannon Fulp

A supervisory conference was held on the above date and the following was discussed:

- I/DD Resident's Progress, Concerns, Goals and Strategies
- Case Records
- QP's Concerns
- Teamwork - with DSE's, support staff, and others
- Group Home Dynamics in reference to day to day operations
- Health and Medical Issues involving residents (medication, dr. appointments, etc.)
- Population - Applications/Bed Availability
- Review of I/DD Budget Report
- Employee Satisfaction
- Safety Issues
- Staff Training and Development

██████████ will return on Aug 17th. Will gather timeline for haircut incident.
██████████ has returned and is on duty
██████████ has been discharged to LCPMR (in Winston)
2 vacancies in Hinkle - emailing CC's and Ben Programs
Day Program opening for ██████████ on the 17th
worked on 50 trees for ██████████ on the 17th
██████████ - cyst on her nose found by Dermatologist
"Safety" - hole in wall fixed and signs in yard removed
██████████ sink still needs to be fixed

Qualified Professional Signature: Shannon Fulp Date: 8/11/20

I/DD Supervisor Signature: Jara Sessoms Date: 8-11-2020

██████████ A/C out but ██████████ coming today to fix it.
Satisfaction # is an 8. Could be better if ms POC coming from state for complaint of more than 10 in home for MAR training.
Discussed the importance of following DHS guidelines and

I/DDM Training Request and Approval Form

Name of Training/Conference:	
Total Number of Hours:	
Training Date (s):	
Training Coordinator:	
Trainer Name:	
Location of Training:	
Max amount of participants:	
How many are registered/signed-up:	
Cost of Training:	
What is expected to be learned from the training/conference?	
Who is the targeted audience?	

Approval Needed before Training can be scheduled. Please submit all requests for Training 30 days before the training is to take place. Submit your request to the I/DDM Director at tessoms@bchfamily.org and the Program Coordinator sfulp@bchfamily.org. Please allow up to 10 days for approval.

Approved: _____ Denied: _____ Date: _____

Reason for Denial (or additional info needed): _____

I/DDM Director's Approval: _____

Date: _____



Baptist Children's Homes of NC, Inc. Developmental Disabilities Ministry

hereismyhome.org

Serving adults with disabilities in NC

Asheboro, Asheville, Marshville, Sanford, Winston Salem, Zionville

Infection Control Plan for COVID-19 and other related Infectious Diseases

Baptist Children's Homes (BCH) Intellectual and Developmental Disability Ministries program has designed an Infectious Control Plan. This is to keep our residents and staff safe and healthy in the event of any COVID-19 outbreak in our homes or other related infectious disease that may arise in our facilities. We strive to keep our residents health and safety top priority as we continue to improve our infection control practices and help to prevent the spread of any viruses. Below you will find an outline of our Infection Control Plan.

- **BCH keeps COVID-19 and other related Infectious Diseases from entering our facilities/homes:**
 - Limit access points to the facility. Front entrances are to be used for all non-staff members. Side entrances are to be designated for residents and BCH Staff, only. Signage is posted to restrict visitors as determined by our facility, as necessary.
 - We Implement universal facemask use in our facility.
 - We restrict all visitors except for compassionate care situations (emergent circumstances) and emergent facility services.
 - We restrict all volunteers and non-essential personnel.
 - We restrict all guardian/family visitors to use designated area for visitations. We adhere to all DSS/DHHS/CDC guidelines for visitation.
 - We actively screen all staff for fever, respiratory symptoms, and other Covid-19 related symptoms before starting each shift; BCH staff will be sent home if they are ill.
 - We cancel all field trips outside of the facility that would be in an enclosed area, until the state releases it's Stay At Home order Stages.
 - We encourage using the telephone, video conferencing, and other technology for visitors, when possible and appropriate, to stay in touch through possible episodes of COVID-19 and other Infectious Disease related issues.
 - If we have residents who must regularly leave the facility for medically necessary services, they will wear a facemask whenever they leave their room, including for their procedures outside of the facility.
 - All visitors will be required to sign in and out on visitor logs even if they don't leave the site
- **BCH identifies infections early by:**
 - Actively screen all residents daily for fever, respiratory symptoms, and other Covid-19 related symptoms; immediately isolate anyone who is symptomatic.
 - Long-term care residents, child or adults, with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
 - Notify the health department if: severe respiratory infection clusters (≥3 residents or staff) of respiratory infection, or individuals with known or suspected COVID-19 are identified.
- **BCH prevents spread of COVID-19 and other known Infectious Diseases by:**
 - Cancel all group activities outside of the residence (until the Stay at Home order is lifted).
 - Enforce social distancing among residents.
 - Enforce washing hands upon entrance of the residence by all staff, residents and visitors (when the visitors are permitted in the residence). Wash hands with a 60% or above alcohol-based hand rub, for at least 20 seconds.



Baptist Children's Homes of NC, Inc. Developmental Disabilities Ministry

hereismyhome.org

Serving adults with disabilities in NC

Asheboro, Asheville, Marshville, Sanford, Winston Salem, Zionville

- Implement universal facemask use by all people in the facility (source control), including all staff, residents, and visitors.
- Wipe down all equipment and countertops periodically to ensure cleanliness throughout residences.
 - If facemasks are in short supply, they should be prioritized for direct care personnel. All staff should be reminded to practice social distancing when in common areas and when possible.
 - Residents and staff who do not provide direct patient care may wear cloth masks as source control. Cloth masks are not considered PPE and should not be used instead of a surgical mask.
- If COVID-19 is identified in the facility, restrict all residents to their room and have the staff wear all recommended PPE for all resident care.
 - Cohort COVID-19 positive residents in one area and COVID-19 negative residents in a separate area.
 - When a case is identified, public health can help inform decisions about testing asymptomatic residents.
- **BCH can assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply by:**
 - For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- **BCH identifies and manages severe illness by:**
 - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry, if available) at least 1 time a day to quickly identify residents who require transfer to a higher level of care.
 - In the event that an incident of COVID-19 or other Infectious Disease is detected in a facility, all Baptist Children's Home sites has the access to the building sanitation experts, AFTERDISASTER service. This company will come in and sanitize all hot zones that presents as an exposure risk to our residents. BCH staff can contact the facilities department and connect with the service. Follow-up manual detailed cleaning with an EPA registered disinfectant will be done in other less likely trafficked areas.
 - If a resident develops symptoms off-site, we will require medical clearance from their physician before returning to the facility.
 - If a BCH resident is hospitalized due to COVID-19 or related Infectious Disease, medical clearance will also be required to enter back into the residence.
- **Program Evaluation**

The effectiveness of the Infection Control Plan will be reviewed no less than annually by the IDDM Administrative Team, in July, with findings reported to the Chief Operations Officer. The review will include an evaluation of: prioritized tasks to determine improvement, Goals to determine success, and Results of surveillance findings and analysis to determine opportunities for improvement and risk. Subsequent plans will be based on the evaluation.

DDM Quarterly Management Team Meeting Notes
3rd Quarter Apr May Jun 2020
07/30/2020

Attendance: Tara Sessoms, Director; Martha Surratt, Director Special Ministries; Sissy Britt, Office Manager; Paul Sexton, Program Coordinator; Brian Ritch, QP; Jennifer Harris, Brandy Collins, QP; Shannon Fulp, QP; attending via google hangouts; Teresa Holmes, QP; Stefanie Effler, QP; Laura Combs, QP.

9:30am: The meeting was called to order by the Chair, Tara Sessoms. The Chair made welcoming remarks. Review and approval of the Agenda was adopted. The Minutes of both Q1 and Q2 were reviewed and approved with a motion by Paul Sexton and second by Martha Surratt and a majority vote.

9:45am: Devotional was presented by Tara Sessoms on reacting as Jesus did even in the face of those that mean you harm or ill-will. Treat people in a Christ like manner in all situations and circumstances.

- Round Robin-Each QP give a shoutout to your house and something GOOD that is happening! Each QP complimented there staff for pitching in and going above and beyond their normal duties during these difficult COVID19 phases and restrictions. Several of the homes are short staffed and QP's have great appreciation for the time and efforts of staff stepping up to help.
- HCBS handout-The "My Individual Experience Survey – Residential Support" With NC DHHS Home and Community Based Setting survey to be completed with each resident from their point of view. This will help each QP to access their progress to fully implement the requirements of NC HCBS.
- Hiring for positions-DSP Bonus-Due to COVID19 and the difficulty of hiring qualified staff, BCH has initiated a \$1000.00 signing bonus as an incentive for new hires. This will be paid in two \$500.00 installments, one after one month of hiring and the second after 12 months of employment.
- AFL status-BCH continues to develop policies and procedures to govern the proposed AFL program. COVID19 restrictions have slowed our access to make church presentations and generating interest of qualified couples.

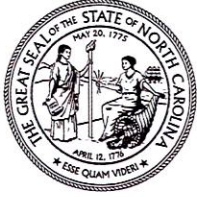
DDM Quarterly Management Team Meeting Notes
3rd Quarter Apr May Jun 2020
07/30/2020

- Program Coordinator position-The job posting will end July 31 and the interview process will start in August. Anyone interested in applying should go ahead and submit their application.
- Budget-Aim for 3 Innovation/3 non-Innovations-Our goal is for each home to break even with their budget. Three Innovation Waivers per home is a necessity for this to occur. This is a priority when screening potential admissions. We strive to be good stewards of all of our funding especially the gifts, tithes, and donations from God's faithful
- Monday's 11 am meeting going to 1st and 3rd Monday's of the month-Our weekly video check in meeting with Tara will be changed to twice a month instead of weekly. They will be scheduled for the 1st and 3rd Mondays of each month.
- Fire Drill Logs- You should be entering the data from you fire and disaster drills on the Safety Folder on the public drive/Fire Drill Tracking/Fire Drill Tracking 2020. Please bring your data entries up to date and keep it current.
- Chuck Sutton Christmas Party on December 5th for Broyhill Campus-As of now, the Chuck Sutton Christmas party is still on the calendar for Dec. 5th. Alverta Bolick Home, Lindsay Home, and Three Forks Home are invited to participate.
- Pay up Bills FIRST-before other purchases!-Any residents that have a balance due on their BCH account should pay this first before spending their monies on other things.
- PPE's/Visitation in homes-Each QP was asked if they have an adequate supply of PPE in their homes. All homes reported they have an adequate supply although some items such as Clorox wipes can be hard to find. Each home had masks and gloves to cover their present needs. Visitation is still limited. Each home will have a check in station that includes completion of our Visitation Form, temperature check, hand sanitation and wear a mask.
- The Director discussed the importance of following our BCH Infection Control Plan as well as the DHHS COVI19 Guidelines as discussed in detail in our weekly video check ins. The Director also discussed that current guidelines only permit a total of 10 persons in the home at any one time. QP's are to review these guidelines with staff during their weekly staff and changeover meetings.

DDM Quarterly Management Team Meeting Notes
3rd Quarter Apr May Jun 2020
07/30/202

- Updated Emergency Plans-All homes should have submitted their updated Emergency Preparedness Plans with updated contact information.
- Holiday Time off-Please go ahead and enter your time off request for the rest of the year so the Director will know how to plan.
- Beach Cottage Trip/Guidelines-Any QP's that are interested in taking their residents on vacation to the BCH beach or mountain cottages should complete the Vacation Request form and submit to the Director for approval.
- PQI (30th-Brian, Jennifer, Brandy and Shannon; 31st-Teresa, Stefanie, and Laura)-In order to adhere to our BCH Infection Control Plan, we will break up our PQI meeting into two days.
- A motion was made and approved to Adjourn.
- Next Scheduled Meeting is October 29th, 2020

Paul Sexton, Program Coordinator



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 12, 2020

Tara Sessoms, Director of IDD Ministry
Baptist Children's Home of NC, Inc. – DD Ministry
PO Box 338
Thomasville, NC 27326-0338

Re: Complaint Survey completed August 11, 2020
Davis House at Bethabara, 202 Clyde Hayes Drive, Winston-Salem, NC 27106
MHL # 034-168
E-mail Address: tsessoms@bchfamily.org
Intake #NC00167640
Intake #NC00167932

Dear Ms. Sessoms:

Thank you for the cooperation and courtesy extended during the complaint survey completed August 11, 2020. The complaints were substantiated.

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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 10, 2020.

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.**

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

August 12, 2020
Tara Sessoms
Baptist Children's Home of NC, Inc. – DD Ministry

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 Barbara Perdue at 336-861-6283.

Sincerely,

Debra M. Branton

Debra M. Branton, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant

BAPTIST CHILDREN'S HOMES OF NORTH CAROLINA, INC.
Intellectual/Developmental Disabilities Ministry

PO Box 338

Thomasville, NC 27361

P: (336) 474-1245

F: (336) 474-0201

FACSIMILE COVER SHEET

TO: Caitlin Hicks: caitlin.hicks@dhhs.nc.gov
Debra Branton: debra.branton@dhhs.nc.gov

From: Tara Sessoms
Director, I/DDM
336-474-1259

DATE: 10/05/2020

SUBJECT: Intake #NC00167640
Intake #NC00167932

Plan of Correction completed

No. of pages including cover page _18_

HIPAA Privacy Notification: This message and accompanying documents are covered by the Electronic Communication Privacy Act, 18 U.S.C. 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail or fax and destroy the original message.