

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/12/2020
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NAME OF PROVIDER OR SUPPLIER BARNES GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 RILEY ROAD KINSTON, NC 28504
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{V 000}	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on October 12, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	{V 000}		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105		

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

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

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V 105	<p>Continued From page 2</p> <p>delegation of authority for the operation of the facility and services and (2) develop and implement adoption of standards that assure operation and programmatic performance meeting applicable standards of practice amidst the COVID-19 (Coronavirus Disease 2019) pandemic. The findings are:</p> <p>Finding (1): During interviews on 10/05/20 and 10/09/20 the Qualified Professional (QP) stated: - Staff records were maintained at the Licensee's office. - The office building was locked due to the pandemic. - He did not have access to the records because he did not have a key to the office; he would have to get the key from the - Administrator who was out of town. - He did not know the street address of the office building.</p> <p>Finding (2): Review on 10/07/20 of the Licensee's "Infection Control/Coronavirus Policy 2020" revealed: - "Policy: . . . All staff must wear a mask at all times while on the premises." - "Barnes GROUP Home will: . . . Ensure that face masks are available . . . Screen and triage everyone entering the home for signs and symptoms of COVID-19 . . ." - No requirement of the use of personal protective equipment, such as face masks, for facility visitors.</p> <p>Observations on 10/05/20 revealed: - At approximately 9:50 am staff #1 was not wearing a face mask and did not make an effort to "screen and triage" the surveyor. - 4 clients were present at facility; none were</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>wearing face masks.</p> <ul style="list-style-type: none"> - At approximately 10:20 am staff #2 entered the facility and was not wearing a face mask. - Neither staff #1 nor staff #2 put on a face mask during the surveyor's on-site visit. <p>During interview on 10/08/20 client #2 stated staff "don't wear masks at all."</p> <p>During interview on 10/08/20 client #3 stated facility staff did not wear face masks when on duty.</p> <p>During interview on 10/05/20 staff #1 stated:</p> <ul style="list-style-type: none"> - There had been no visitors to the facility in "the last two months. No one can come in here." - 5 facility clients attended "school" from approximately 8:30 am - 3:00 pm during the week; client #2 did not attend school. - 3 of the clients present at the facility at the time of the survey lived in "the other group home." - Staff from the sister facility had a doctor's appointment and "dropped them off" until she finished with her appointment. - All the clients were tested for COVID-19 by their primary care providers with negative results. - No staff were symptomatic of COVID-19 to her knowledge. - The facility was her only place of employment. <p>During interview on 10/08/20 staff #2 stated:</p> <ul style="list-style-type: none"> - Management had instructed group home staff to wash their hands frequently and to "wear masks and check temperatures before anyone comes in the door." - "I have my mask on all the time." - She was not wearing a mask the morning of 10/05/20 because "I wasn't really coming in. She (staff #1) called me about something and I stopped in." 	V 105		

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{V 289}	<p>Continued From page 5</p> <p>serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to meet license scope by providing an unlicensed service at the facility to 3 of 3 unidentified clients (#10, #11, #12). The findings are:</p>	{V 289}		

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{V 289}	<p>Continued From page 6</p> <p>Review on 10/05/20 and 10/06/20 of the Client Census Form completed by staff #1 and the QP revealed 6 "current" clients and 1 former client listed.</p> <p>Observations on 10/05/20 revealed 2 clients outside and 2 clients and staff #1 inside the facility.</p> <p>During interview on 10/05/20 client #2 introduced himself and stated he was leaving the group home soon to get his own place.</p> <p>During interview on 10/05/20 unidentified client #12 introduced himself and stated he did not live at the facility.</p> <p>During interview on 10/05/20 staff #1 stated:</p> <ul style="list-style-type: none"> - 5 facility clients attended "school" from approximately 8:30 am - 3:00 pm during the week; client #2 did not attend school. - 3 of the clients present at the facility at the time of the survey lived in "the other group home." - Staff #1 provided the names of 2 of the unidentified clients (#10 and #11). - She did not know unidentified client #12's name as he was "the new guy." - Staff from the "other group home" had a doctor's appointment and "dropped them off" until she finished with her appointment. - The facility was her only place of employment. <p>During interviews on 10/06/20 and 10/09/20 the QP stated:</p> <ul style="list-style-type: none"> - All the facility clients attended school during the week. - Unidentified clients #10, #11, and #12 lived in the Licensee's Family Care home. - Staff #1 worked at the Family Care home also, so it was okay for her to provide supervision for 	{V 289}		

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{V 289}	Continued From page 7 the family care home clients at the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	{V 289}		