STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-946	A. BUILDING: _____ B. WING _____	R 10/14/2020

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ABSOLUTE HOME - MARCONY WAY	3316 MARCONY WAY RALEIGH, NC 27610

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{V 000}	INITIAL COMMENTS A Follow Up Survey was completed October 14, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	{V 000}		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders	V 113		

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V 113	Continued From page 1 diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain client records that included documentation of screenings and services provided for two of three audited clients (#2 & #3). The findings are: Review on 09/24/20 of client #2's records revealed the following: -Admitted: Prior to 2017 -Diagnoses: Mild Mental Retardation, Schizoaffective and Hyperlipidemia -Physician's consultation note dated 01/29/20 sleep study completed. Follow up with referring physician within 2 weeks -Physician's consultation note dated 02/26/20 "...must have follow up with ordering physician after 30 days (3/26/20)" -No documentation regarding recommendations from sleep study or results from sleep study Review on 09/24/20 of client #3's record revealed	V 113		

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V 113	Continued From page 2 the following: -Admitted: Prior to 2017 -Diagnoses: Mental Retardation, Hypertension and Seizure Disorder -Physician's consultation note dated 03/16/20 refer to sleep study -No evidence of follow up from sleep study or discussion of the results During interview on 09/25/20 with the sleep specialist at the sleep lab reported the following: -Sleep studies were completed for both clients #2 and #3 -In regards to client #2- he was issued a CPAP (Continuous Positive Airway Pressure) and required follow up with his physician -In regards to client #3- his study was completed 05/13/20. An oral appliance was recommended to help with snoring as no apnea noted During interviews between 10/05/20 and 10/12/20, the Qualified Professional reported: -The group home was not provided documentation of results from the sleep studies for clients #2 and #3 -Results from the sleep studies for both clients were discussed verbally. -It was her understanding, the lab results could only be released to the physician.	V 113		
{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	{V 291}		

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{V 291}	Continued From page 3 provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a 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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate services with other qualified professionals responsible for treatment/habilitation of two of three audited clients (#2 & #3). The findings are: a. Review between 09/24/20 and 10/12/20 of client #2's records revealed the following: -Admitted: Prior to 2017 -Diagnoses: Mild Mental Retardation, Schizoaffective and Hyperlipidemia -01/29/20 physician's consultation note	{V 291}		

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{V 291}	Continued From page 4 indicated sleep study was completed...follow up with referring physician within 2 weeks -02/26/20 physician's consultation note indicated "pt must have follow up with ordering physician within 30 days (3/26/20)" -The facility's 2020 monthly continuous positive airway pressure (CPAP) monitoring log form noted daily initials between February 26-October 11, 2020. Review on 09/24/20 of the facility's public file maintained by the Division of Health Service Regulation revealed: -Statement of Deficiency (SOD) dated 12/06/19 citation included coordination of care in which the facility failed to follow up on a client's (referred to in this SOD as client #2) sleep study ordered by his physician in May 2019. Review on 09/28/20 of client #2's records between 02/01/20 and 09/28/20 maintained by his Primary Care Physician (PCP) revealed: -3 visits/contacts either via telehealth or face to face -No discussion during his visits regarding CPAP or Sleep Apnea Review on 09/25/20 of client #2's sleep lab results dated 01/29/20 revealed the following: -Patient presented with complaints of loud snoring, witnessed apneas, EDS (Excessive Daytime Sleepiness), trouble falling/staying asleep. An emergency split night was performed due to the severity of respiratory events -After CPAP was started, there were 45 respiratory events: 3 obstructive apneas (muscles that support the soft tissues ie tongue/soft palate, temporarily relax, airway is narrowed or closed, and breathing momentarily cut off)	{V 291}		

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{V 291}	Continued From page 5 11 central apneas (breathing stops and starts during sleep) 31 hypopneas (abnormally slow or shallow breathing) 2 RERAs (Respiratory Effect Related Arousal-increased respiratory effort for 10 seconds or longer that lead to an arousal from sleep but did not meet criteria for a hypopnea or apnea). Review on 10/07/20 of a compliance report maintained by the CPAP monitoring company of client #2's CPAP usage between 02/26/20-10/07/20 revealed the following: -15 minutes of usage total -Machine used 2 of 225 days -Average & median usage equated to 8 minutes each Observation and tour of the facility between 10:50AM-11:30AM revealed the following: -Staff #1 made several attempts to awake client #2 as he slept on the couch. Client would not awake until 10 minutes later. -A tote bag situated at the top shelf of the closet inside client #2's bedroom. The tote bag was closed. During interview on 09/24/20, staff #1 reported she: -Had worked at the facility one week -Was trying to awake client #2 to alert him a visitor was in the group home and he needed to put on the mask due to Cornavirus. During interview on 09/24/20, client #2 reported he: -Was issued a CPAP machine as a result of his sleep study. The CPAP machine was inside the closet in the tote bag.	{V 291}		

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{V 291}	Continued From page 6 -Needed the CPAP because he "stopped breathing" during his sleep study test -Did not use the CPAP machine because it "hurt my nose." -Had informed the former staff of the issue with the CPAP machine hurting his nose -Was not aware what the physician had said regarding him not using the CPAP During interviews between 09/24/20 and 10/07/20, the sleep specialist at the CPAP machine monitoring company revealed the following: -On 03/02/20, client #2 used the CPAP machine 4 minutes -On 09/29/20, client # 2 used the CPAP machine for 11 minutes -No other notations of usage -Unsuccessful attempts were made to make contact with client #2 to address non compliance with the machine -Adjustment to his nose cannula or a different type of mask could have been made to promote successful usage of the machine. During interview on 10/05/20 and 10/12/20, the Qualified Professional (QP) reported the following: -The Registered Nurse/Administrator monitored usage of the CPAP during her visits at the home -As the QP, she was not aware of any issues or concerns with client #2's CPAP usage. Prior to 09/24/20, she thought client #2 used his CPAP daily. Recently, he disclosed he would put on his mask at night in front of staff and removed it once staff went upstairs. -Client #2 was scheduled a follow up visit with his PCP on 03/26/20 to address the sleep study. As of 10/12/20, the follow up visit did not occur	{V 291}		

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{V 291}	Continued From page 7 because the PCP did not have the results of the sleep study. During interview on 10/09/20, the Registered Nurse/Administrator reported the following: -As part of her monthly routine visit, she cleaned client #2's CPAP machine -Prior to 10/05/20, she was not aware he only had usage of 4 and 11 minutes since February. She was not sure the data was accurate as staff signed off on the CPAP monitoring log form. -She was concerned client #2 removed his CPAP after staff went upstairs and were out of sight. -Because she was not aware of the CPAP non compliance, she was not able to coordinate with his Primary Care Physician (PCP). -She was concerned client #2 was seen by his PCP monthly and the issue of his CPAP usage was not addressed. She expressed concerns her agency was being held responsible because the PCP and the sleep company/monitoring agency did not coordinate information with each other. b. Review on 09/24/20 of client #3's record revealed the following: -Admitted: Prior to 2017 -Diagnoses: Mental Retardation, Hypertension and Seizure Disorder -Physician's consultation note dated 03/16/20 "refer to Sleep Study" -No evidence of follow up from sleep study or discussion of the results Review on 10/06/20 of a Diagnostic Report dated 05/15/20 revealed the following regarding the 05/13/20 sleep study for client #3: -Interpretation: 1. "No clinically significant obstructive sleep apnea"	{V 291}		

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{V 291}	Continued From page 8 a. The study was adequate for diagnosis d. Snoring was intermittent and mild -Recommendation: 1. Oral Appliance recommended primary for treatment of snoring 2. Maintenance of ideal body weight 3. Primary physician or health care provider to contact this agency if further questions arose. During interview 10/04/20, the nurse at the local hospital's sleep lab reported an oral appliances: -Was similar to a mouth guard -Would be facilitated between the PCP and usually a dentist. During interview on 10/05/20, the facility's QP reported: -The sleep study company would not provide any written information from the study. His information was sent to another physician not his PCP to read. A verbal discussion was held that indicated no evidence of sleep apnea and no other recommendations were discussed. -She was not aware of any recommendations for oral appliances until this interview. During interview on 10/09/20, the Registered Nurse/Administrator reported she was: -Aware the facility had been previously cited regarding the coordination of services. She felt she coordinated services based on the information she received. She was not aware client #2 was not wearing his CPAP and she was not aware of any follow up required for client #3 regarding oral appliance until after 09/24/20. -Concerned her agency was being held accountible for coordinating services the physician's should have done.	{V 291}		

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{V 291}	Continued From page 9 Review on 10/14/20 of the facility's Plan of Protection (POP) dated 10/14/20 revealed the following: "-What immediate action will the facility take to ensure the safety of the consumers in your care? Effective 10/14/20 the facility has requested all documentation from the primary care provider. A referral has been made to [physician], who will monitor use of the CPAP machine [Physician] office reported that they were waiting for the referral, They had not received the referral from the primary care Dr, until last week, The individual is scheduled to follow up with [physician] on Friday, October 16, 2020. [Physician]'s office reported that they did not receive a referral to follow up with the client. QP spoke with [person at PCP office] today. She acknowledged that they did receive the report generated after the sleep study, but 'assumed' that [sleep study lab] would followed up. [Sleep study lab] stated that they do not follow the patient. They stated that would be [physician's] office says they did not have a referral and therefore there was no follow up. For the other client, the facility had been told previously and recent as last week that there were no recommendations for that client. -Describe your plans to make sure the above happens. Client has an appt to be seen by Sleep Specialist on 10/16/20. At that time the facility will talk with the Dr about requirements for follow up on the client's use of the CPAP machine. [Physician] has accepted responsibility for following the client now. All orders will be reviewed with [PCP office] to review their policies and protocols on their referral process. Administrator is awaiting a return call from the office manager to schedule that visit." Client #2 had diagnoses of Mild Mental	{V 291}		

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{V 291}	Continued From page 10 Retardation, Schizoaffective and Hyperlipidemia. He had a sleep study conducted January 19, 2020 which resulted in a CPAP machine issued for treatment. His sleep study yielded 45 episodes of respiratory events. The facility did not establish a follow up visit with his PCP regarding the sleep study or notify the system of care of the client's discomfort with the CPAP machine which resulted in non compliance of the machine. His CPAP monitoring system yielded a total of 15 minute usage between February 26-October 7, 2020 which totaled 225 days. Client #3 had a recommendation from his May 2020 sleep study for an oral appliance. The facility was not aware of this recommendation nor had a follow up been conducted with his PCP prior to September 24, 2020. This lack of service coordination is detrimental to health of clients which constitutes an Imposed Type B rule violation. An administrative penalty of $200.00 per day is imposed for failure to correct within 45 days.	{V 291}		
{V 736}	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the home in a safe, attractive and orderly manner. The findings are:	{V 736}		

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{V 736}	Continued From page 11 Observation on 09/24/20 between 10:30AM-12:30PM revealed: -Upstairs kitchen area-*trash can lid missing flap door, stains in the ceilings, 2 of 4 dining chairs broken (bottom legs broken, seat broken), rusty ceiling vent -Upstairs living room area- dust piled up on ceiling fan and on the ceiling -Upstairs hallway near the bedrooms/bathrooms- *no covering over lighting -Upstairs bedroom occupied by client #1- cinder block brick held up the frame of the bed and mattress sunken in middle -Upstairs bathroom- *cracked toilet tank cover, *vent rusted, light bulbs in vanity blown -Downstairs hallway- *ceiling stained throughout -Downstairs bedroom occupied by two clients (#2 & #5)- *hardwood floor pieces missing, *stains on the walls, *ceiling fan dusty and *space heater. -Downstairs bedroom occupied by client #3-space heater During interview on 10/05/20, the Qualified Professional reported: -The Registered Nurse/Administrator was responsible for the overall maintenance and upkeep of the facility During interview on 10/09/20, the Registered Nurse/Administrator reported: -She was aware the facility had previously been cited regarding facility grounds and maintenance -Due to the COVID-19 pandemic, the grounds and facility repairs had not fully been completed at the home -Since December 2019, some repairs had	{V 736}		

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{V 736}	Continued From page 12 been completed but not all [This deficiency has been cited 4 times since the original cite on 12/05/17 by Mental Health Licensure (MHL) team followed by 02/09/18-construction, 11/09/18-MHL, 12/06/19-MHL and must be corrected within 30 days.]	{V 736}		