

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2020
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NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
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(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 complaint survey was completed on November 5, 2020. The complaint was substantiated (Intake #NC00170910). 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	Skill Creations Group Home Director will ensure that staff are retrained on clients exercise program and come up with creative ways to encourage client to participate. Staff will document progress and contact supervisor if client refuses to exercise. Group Home Director will meet with client on a bi-monthly basis to discuss his progress with the exercise program.	12-9-20
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 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.	V 112		

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

TITLE

(X6) DATE

Jean Wray Cannady

Quality Management

11/20/20

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement strategies to address client needs for 1 of 1 audited clients (#5). The findings are:</p> <p>Review on 11/05/2020 of client #5's record revealed: -34 year old male. -Admission date of 07/05/18. -Diagnoses of Mild Mental Retardation and Hypertension.</p> <p>Review on 11/05/2020 of client #5's Person-Centered Profile dated 12/16/19 revealed: "-#2 Long Range Outcome: [Client #5] will increase his health and safety skills throughout the plan year. -What (Short Range Goal) A. At least three times weekly, with an initial prompt, [Client #5] will participate in an exercise activity with one or fewer verbal prompts for six consecutive months. -How: At least three times weekly, [Client 35] will choose an exercise activity to participate in for at least 30 minutes. Activities can include but are not limited to the [local gym], walking around the block, playing basketball, dancing, using the exercise bike in the home, etc. Staff will verbally interact with [Client #5] to provide him with options for an exercise activity to engage in. Staff will physically assist him in attending the exercise activity so he can participate. Staff will document prompt level twice weekly."</p> <p>Review on 11/05/20 of a Physician note dated 06/23/20 and 09/22/20 for client #5 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>"-Please make sure [Client #5] follows a heart health diet and that he exercises at least 3 x(times) a week. -BP (blood pressure) elevated at 150/80. Home BP readings fluctuating. Will increase Lisinopril 20mg to 30mg once daily."</p> <p>Review on 11/05/2020 of client #5's progress toward goals grid sheets for October and November 2020 revealed client #5 was not participating in a exercise routine 3 times a week.</p> <p>During interview on 11/05/2020 client #5 revealed: -It had been very stressful living in the facility since the pandemic started. -He going to his program everyday and working. -He did not exercise 3 times a week. -The staff did not ask him to exercise and he had not worked on that goal very much. -He had gained a lot of weight recently. -He father was upset of his weight gain, high blood pressure and not exercising. -His father wanted him to keep a calendar and document the days that he exercised. -Exercising was one of his goals that he was supposed to be working on. -The staff told me to ask them about exercising and he just never ask the staff.</p> <p>During interview on 11/05/2020 staff #1 revealed: -She worked the 1st shift at the facility. -She had worked with the agency for 20 years. -She worked with 3 clients during the day. -She would take the clients walking around the block of the facility. -She asked client #5 if he wanted to exercise on his bike. -Client #5 states he did not want to go walking or use his exercise bike.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>-Client #5 had gained weight and had to have his blood pressure checked often.</p> <p>During interview on 11/05/20 the Director of Residential Services and the Executive Director revealed:</p> <p>-They would encourage staff and client #5 to walk and exercise more.</p> <p>-They knew the father was upset and had complained due to his weight gain and blood pressure increases.</p>	V 112		