

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKMONT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407
---	---

(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 12/21/20. The complaint (Intake #NC00172202) was unsubstantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27 G .5600B Supervised Living for Minors with Developmental Disabilities.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the staff failed to maintain the facility in a safe manner. The findings are:</p> <p>Observations on 12/9/20, at approximately 3:35pm, of the facility revealed: -A 3 ½ inch long gold screw was in the kitchen window. -The screw prevented the kitchen window from opening.</p> <p>Observations on 12/9/20, at approximately 3:40pm, of the facility revealed: -Client #2's bedroom had 4 windows. -All 4 of the windows had screws in them. -The 4 windows could not be opened.</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKMONT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407
---	---

(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 736	<p>Continued From page 1</p> <p>Observations on 12/9/20, at approximately 3:45pm, of the facility revealed:</p> <ul style="list-style-type: none"> -Client #1's bedroom had one window. -The window had an 18-inch wooden slat screwed into the frame which prevented the window from opening. <p>Review on 12/8/20 of client #1's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 9/23/20 -Diagnoses of Autism Spectrum Disorder, Seasonal Allergies and Mild Intellectual Disorder -Age 15 <p>Review on 12/8/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 7/20/20 -Diagnoses of Autism Spectrum Disorder, Anxiety Disorder, Attention Deficient Hyperactivity Disorder and Sensory-Progressive Difficulty -Age 14 <p>Review on 12/8/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 10/22/20 -Diagnoses of Disruptive Behavior Disorder, History of Trauma, Speech Sound Disorder, Language Disorder and Mild Intellectual Disability Disorder -Age 8 <p>Interview on 12/9/20 with client #2 revealed:</p> <ul style="list-style-type: none"> -Stated client #1 had a history of leaving the facility by going out windows. -"He (client #1) can't go out of them now because they are nailed shut." -Client #1's former bedroom was now client #2's bedroom and had 4 windows in it. -"My windows and the window in the kitchen are also nailed shut. I guess the windows in my room are nailed shut because he still tries to go out my windows." -Was not sure how long the windows had been 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKMONT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407
---	---

(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 736	<p>Continued From page 2</p> <p>nailed shut or which staff nailed them shut.</p> <p>Attempted interview on 12/9/20 with client #1 was not conducted as client #1 communicated by gestures and had limited verbal abilities.</p> <p>Attempted interview on 12/9/20 with client #3 was not conducted as client #3 had speech and language disorders.</p> <p>Interview on 12/9/20 with staff #2 revealed: -Client #1 had gone out of his windows several times previously. -"He had 4 windows in his room, so we switched his room to a room with only one window." -Client #1 still attempted to climb out of his window as well as out of his old room's windows which was now client #2's room -Sometimes when staff #2 arrived at work, the window chimes would be broken because client #1 had fiddled with them. -"I remembered [client #1]'s mother saying she had used screws to prevent him from climbing out the windows in the past. I decided to screw the 4 windows in his old bedroom (now client #2's room) shut and I screwed his current window shut with a piece of wood. I was trying to think of his safety. I did not consult anyone. I take full responsibility for this. I did not think 'what if there's a fire'. I guess I should have. I made a bad decision." -Had screwed the windows in the facility shut "two or three weeks ago" -Stated client #1 had attempted to kick out the kitchen window to leave and that is why there was a screw in that window.</p> <p>Interview on 12/9/20 with the Compliance Supervisor revealed: -There was no policy or procedure for allowing</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKMONT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407
---	---

(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 736	<p>Continued From page 3</p> <p>windows to be screwed shut</p> <p>-"I just learned about the windows being screwed shut 15 minutes ago. Lord Jesus. I would not even screw windows in my home shut. As far as I am concerned, [staff #2] is fired. He did not think at all. It was idiotic thinking. His decision-making skills are shot. There is a repair sheet that can be sent over if the alarms weren't working. He could have picked up the phone to call someone. He jeopardized every one's safety. His lack of judgment and decision-making skills are shot. He has no common sense. It is just unbelievable."</p> <p>Interview on 12/10/20 with the Director of Residential Services revealed: -"All staff need to be aware of all the clients' safety and well-being. [Staff #2] made a very poor decision by screwing the windows shut in the facility. He will be written up for that. The windows should have never been screwed shut. I know he (staff #2) admitted to it. He worked with [client #1] before we hired him. It is my understanding he wanted to keep [client #1] safe and not allow him to leave the facility. He must have known it was a poor decision."</p> <p>Interview on 12/10/20 with the Qualified Professional Supervisor (QPS) revealed: -Was not aware facility windows had been screwed shut by staff #2 until "about 15 minutes ago." -"I have a big concern with that. First of all, the clients would not have a way to exit their rooms in case of a fire. [Staff #2] made that decision. He could have spoken with upper management if there were issues with the window alarms being broken. We could have put additional staff in to assist with monitoring and supervision. I have no words to describe this. I don't know why he did it. He said he got the idea from [client #1]'s mother. I</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKMONT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407
---	---

(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 736	<p>Continued From page 4</p> <p>just don't think he was thinking at all. There are to be no remodeling or modifications to any part of the facility. He could have communicated his concerns to upper management. The facility's windows should always be able to open"</p> <p>Interview on 12/9/20 with the Operations Manager revealed: -Did not see the logic in screwing windows shut at the facility. -"It is a safety hazard and should never have happened."</p> <p>Interview on 12/10/20 with the Licensee revealed: -Was not aware staff #2 had screwed the windows in the facility shut. -"[Staff #2] made a bone-head decision."</p> <p>Further interview on 12/21/20 with the Licensee revealed: -Staff #2 was terminated on 12/20/20 -All the screws had been removed from the clients' windows -A new protocol had been put in place to monitor the windows on a daily basis. -"As part of the facility's staff duties, we have incorporated a check list to ensure all windows are able to be opened and none of them are screwed shut. The staff will be documenting the checks on a newly created form."</p> <p>Review on 12/9/20 of a plan of protection, dated 12/9/20 and written by the Operations Manager revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Immediately remove the screws. -Describe your plans to make sure the above happens. We will have our program manager verify daily that no screws are in the windows.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OAKMONT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407
---	---

(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 736	<p>Continued From page 5</p> <p>This can also be verified by a designated staff."</p> <p>Oakmont Home provides supervised living to 3 minors with developmental disabilities. Their diagnoses include Autism Spectrum Disorder, Mild Intellectual Disability Disorder Anxiety Disorder, Attention Deficient Hyperactivity Disorder, Sensory-Progressive Difficulty, Disruptive Behavior Disorder, a History of Trauma, a Speech Sound Disorder and a Language Disorder. Staff #2 screwed the kitchen window, 4 windows in client #2's bedroom and one window in client #1's bedroom shut. This resulted in the facility not being maintained in a safe manner as the windows could not be opened thus creating a hazard to evacuate safely in an emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 736		