

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/10/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROFESSIONAL FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19 SUSIE CIRCLE</b> <b>CAMERON, NC 28326</b>
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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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on February 10, 2021. The complaint was substantiated (Intake #NC00172129). 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 291	<p>.5603 Operations</p> <p>10 NCAC 14V .5603 OPERATIONS</p> <p>(a) Capacity:</p> <p>1) A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities.</p> <p>(2) Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity as of June 15, 2001.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professional(s) who is(are) responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person:</p> <p>(1) Each client shall be provided the opportunity to maintain an ongoing relationship with their family through such means as visits to the facility and visits outside the facility.</p> <p>(2) Reports to the parent of a minor client, or the legally responsible person of an adult client, shall be submitted at least annually. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. All clients shall have activity opportunities based on their needs and</p>	V 291		

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

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V 291	<p>Continued From page 1</p> <p>choices.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to service coordinate with the Legal Guardian of one of three (#1) clients. The findings are:</p> <p>Review on 2/4/2021 of client #1's record revealed: - Admission Date of 8/14/20 - DOB (Date of Birth) 12/31/67 - Diagnosis of Seizure Disorder and Disruptive Disorder - Legal Guardian: Biological Mother</p> <p>Review on 2/4/2021 of staff #1's record revealed: - Hire Date: 10/3/18 - Job Title: Hab Tech</p> <p>Review on 2/4/21 of an Incident Report dated 11/23/20 revealed: - "Consumer (client #1) and Staff (staff #1) was stand in front of [store] in [location] waiting for the store to open and consumer fell back on staff. Staff lowered consumer to the floor. People try to help her up but staff said leave her alone. Consumer immediately gripped staff hand looking surprised and stood up. She responded "I'm ok" man said he was a ER doctor and called 911. Ambulance came in and she was taken to [local hospital]. The consumer was checked out EKG(Electrocardiography) and bloodwork was done. The result came back normal. Consumer was discharged and taken back to the Group Home by staff."</p> <p>Review on 2/4/21 of a hospital after visit summary dated 11/23/20 revealed -" Blood Pressure: 128/92, Temperature (oral)</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>98.2 F, Pulse 66, Oxygen Saturation: 99%, and Respiration: 15 Schedule an appointment with [doctor] as soon as possible. Discharged 11/23/20."</p> <p>During an interview on 2/4/21 staff #1 stated: - "I was out with [client #1] on 11/23/20 and while waiting to enter [store] [client #1] leaned back into my body and I assisted her down to the ground. She was alert and talking. A man in line who identified himself as a ER doctor called 911 immediately." -[client #1] was transported to the local hospital for an exam. The ruled out seizures and all of her vital signs were normal." - she confirmed she notified the management team immediately when the incident occurred. - "I never denied [client #1's] mother (legal guardian) information regarding her daughter. She wanted us to assure she could speak to the medical doctor. - "All of my training is current."</p> <p>During an interview on 2/9/21 the Legal Guardian stated: -"My daughter lived with me until 8/14/20 when she was placed into the facility she is currently in. She had approximately 42 seizures from January 2020 to around April 2020. 27 of those were seizures that caused her to fall backwards." - "My daughter had an incident with [staff #1] while out in the community on 11/23/20. she was transported to the hospital for an evaluation, because she had a seizure, but the staff is saying it wasn't. They informed me after she was discharged and I was not given an opportunity to explain her seizure history to the doctors. I have valuable information regarding my daughter's seizure history that I was not given an opportunity to explain. I'm currently my daughter's legal</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>guardian."</p> <ul style="list-style-type: none"> <li>- " She also allergic to certain types of medications."</li> <li>- "No one from the facility have coordinated a treatment team meeting with me or my family."</li> </ul> <p>During an interview on 2/4/21 the Residential Director stated:</p> <ul style="list-style-type: none"> <li>- " I'm responsible for the day to day operations of all the residential programs."</li> <li>- "I'm aware of the incident involving [client #1]."</li> <li>- He acknowledged the facility was in contact with client #1's family, however; the facility could have been more clear in coordinating and implementation of her treatment needs.</li> <li>- "We take full responsibility and in the process of correcting the concerns expressed by the family."</li> <li>- He agreed a treatment team meeting needs to occur immediately with all of [client #1's] team and family to address any concerns.</li> <li>- "We informed the mother of the incident on 11/23/20 after [client #1] was being discharged from the hospital not when it occurred.</li> </ul> <p>During an interview on 2/10/21 the Clinical Director stated:</p> <ul style="list-style-type: none"> <li>- she acknowledged being aware of the incident involving client #1 on 11/23/21</li> <li>- "We didn't have a set time to call [client #1's] mother (legal guardian). We left it up to her to contact us with any concerns."</li> <li>- "We have not had a treatment team meeting."</li> <li>- She agreed an immediate treatment team needed to occur.</li> </ul>	V 291		