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V 000	INITIAL COMMENTS An annual and complaint survey was completed on August 3, 2021. The complaint was substantiated (intake #NC00179568). 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 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility failed to provide supervision to ensure the safety and welfare for 1 of 3 clients audited (#6). The findings are:

Review on 7/29/21-7/30/21 of client #6's record revealed:
-56 year old male.
-Admission date 9/25/20.
-Diagnoses of Schizophrenia, Intermittent Explosive disorder, Moderate Intellectual disability, Autism, Cerebral Palsy, hypertension, bursitis and arthritis.

Review on 7/29/21-7/30/21 of client #6's treatment plans revealed:
Dated 9/25/20 treatment plan at admission
-"RHA (Licensee) group home has 2-3 staff in the home for the 6 bed group home with wake staff and is wheelchair accessible...RHA 6 bed group home has extra staff 2-3, and wake overnight to be able to support the amount of supervision he (Client #6) requires in the home and is wheelchair accessible."
Updated 3/1/21 treatment plan
-"What is important to me...It is important for [client #6] to have wake staff at night due to the random times of night he may get up."
-"What others need to know to best support me... [local group home] had to discharge [client #6] from services due to the amount of falls he was having at that time and they were not able to support his health and safety needs in the home...[Client #6] requires 24-hour supervision with wake staff to ensure safety and that he is

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V 115	Continued From page 2 able to access his environment without falling... [Client #6] needs support to evacuate the home in the event of fire...[Client #6] has been described as almost total care to be able to complete all tasks within the home thoroughly." -"Long Range Outcome: 1. [Client #6] Will continue to increase his independence in all daily living activities...[Client #6] will have at least 2-3 staff in the group home with wake staff that will be able to provide more supervision and supports for his physical regression and fall risks...[Client #6] requires all activities to be planned for him and 24-hour supervision with awake staff and sound monitor system in his bedroom for safety due to him getting up at any time of the night and being a fall risk. [Client #6] does not have the capacity to walk independently any longer as his physical abilities have declined rapidly...He requires the use of a wheelchair/gait belt for basic mobility...requires Staff to be within arm's reach and some hands on support when/if tries to move on his own...[Client #6] may try to move on his own and if he does staff need to be there to provide physical assistance for fall risks and prompts and redirections for him to use his wheelchair to prevent falls...When [client #6] is in his home he is not as mobile and more stationary with staying in his bed...The arm's length distance is not required at the home due to him being more sedentary..." Review on 7/29/21-8/3/21 of the facility's incident reports revealed: -"Date of Incident: 6/29/21. Time of Incident: 6:03am...Description of incident and/or injury: [Client #6] fell out the bed and made a bowel movement on the floor. Was this incident/injury the result of the actions of the person injured?... [Client #6] fell out the bed and scrapped his right	V 115		

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eye." Report indicated staff #10 on duty and no other staff listed.
-"Date of Incident: 7/7/2021. Time of Incident: 6:37am...Description of incident and/or injury: [Client #6] called staff to his room. Staff gets to [Client #6's] room. [Client #6] is sitting at the edge of the Bed and [Client #6] falls face first onto the floor...Description of injury and treatment given: 911 called, sent to [local] ER (Emergency Room)." Report indicated staff #10 on duty and no other staff listed.
-"Date of Incident: 7/17/21. Time of Incident: 11:25pm...Description of incident and/or injury: Staff came in at 10:53pm, to relieve other staff off of shift, other staff left and did bed checks and found [Client #6] on the floor." Report indicated staff #9 on duty and no other staff listed.
-"Date of Incident: 7/20/21. Time of Incident: 11:28pm...Description of incident and/or injury: [Client #6] was in the bed and continued to maneuver himself until he fell out of his bed and hit his face on the floor...Description of injury and treatment given: 911 notified, send to [local] ER." Report indicated staff #10 on duty and no other staff listed.

Review on 7/29/21-7/30/21 of the facility's progress notes from May to July 2021 for client #6 revealed:
-There were 22 documented incidents of client #6 "found on floor" or "fell" out the bed.
-"5/15/21 [Client #6] was asleep at 11:00pm. I checked on him at 11:30pm, [Client #6] was asleep. [Client #6] was up at 5:10am, almost about to be on the floor. [Client #6] was put further on bed with assistant from resident. [Client #6] was up at 7:00am."
-"7/4/21 [Client #6] was in his room asleep at 11:00pm [Client #6] was up on the floor at 3:25am asking for coffee, directed and told client to get up

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off the floor and it wasn't time for coffee yet. [Client #6] was put back in bed by other client and myself. [Client #6] was asleep at 7:00am."
-3rd shift "7/20/21 [Client #6] was awake when staff arrived for his shift. He was laying in the bed and moving around. He maneuvered himself until he fell out the bed. He fell on the floor and injured his face."

Review on 7/30/21 of medical summaries for client #6 revealed:
-7/7/21 Visit to ER "Reason for Visit: Fall Diagnoses: Facial contusion, Nasal fracture, Facial abrasion, Head Injury."
-7/21/21 Visit to ER"Reason for Visit: Fall Diagnoses: Fall, initial encounter, Contusion of thigh, unspecified laterality, initial encounter, Abrasion of face, initial encounter."
-7/25/21-7/29/21 Inpatient Hospital Discharge Summary...Level of Care Screening Tool..."Activities of daily living" Extensive assistance for Ambulation, transfers, dressing, bathing and eating. Totally Dependent Toileting.

Review on 8/3/21 of the Physical Therapist notes revealed:
-5/27/21 Initial visit "...Reason for Referral: PT (Physical Therapist) spoke to facility transport and they reported pt(patient) is doing a little better walking to dinner table with help and a walker Assessment Pt (patient) presents with extreme low level of functioning with dx (diagnosis) of traumatic rhabdomyolysis. PT needed max A (Assist) x2 to stand and max Ax2-3 to SPS (Sit Pivot Sit). Pt needed constant verbal and tactile cueing to perform Upper Extremity and Lower Extremity movements..."
-7/1/21 Visit "...Reason for Referral: PT spoke to facility transport and they reported pt is doing a little better walking to dinner table with help and a

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walker...Medical History...Fall History: Patient has not been injured by a fall in the past year. Patient has not had two or more falls in the past year. Patient is not at risk for falls...Additional Evaluative Findings pt comes to PT in transport chair, has foley..."
-7/15/21 Visit "...Patient Status...PT asked pt what happened to him and he didn't know...Additional Evaluative Findings no medication changes, no falls pt comes to PT in transport chair, has abrasions on face, bruising on face, and blood in urine in foley bag PT called pts contact a group home [GHM] with no answer and no voicemail available, documented findings on pts Medical record paper that he brought with him..."
-7/22/21 Visit "...Additional Evaluative Findings pt reports new falls/meds, however, presented with scraps, cuts and bruises on face, Right hand and bilateral lower legs; PT [2nd PT] assessed and cleared for therapy; stated injuries are from previous fall. pt reported in wheelchair..."

Review on 7/30/21 of the facility's nurse's notes for client #6 revealed:
-"5/27/21 Seen by PT (Physical Therapist) for initial visit. Physical Findings-pt (patient) needed constant verbal and manual cues to perform arm and leg movements. 2-3 people to assist used for transfer..."
-"7/7/21 6:45A Notified by DSP (Direct Support Paraprofessional) that client on floor beside bed in bedroom. DSP states that client yelled for him to come to his room. DSP is at doorway of client's bedroom when client falls from bed to floor. DSP states client's face had visible red marks and nose is bleeding. Level of consciousness is at baseline. DSP assists client from floor to bed and lays client on his side...911 called for transport to ER (Emergency Room) for evaluation."
-"7/7/21 10:30A Discharged from [local] ER. Nose

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V 115	Continued From page 6 Fracture noted. Band-Aid in place to nose. ER physician informed DSP to monitor nose for bleeding and any changes..." -"7/20/21 11:40p Notified by [staff #10], DSP that client fell out of bed to floor. laceration present to left side of face/eye. Orientation at baseline. DSP instructed to notify 911 for transfer to ER for evaluation due to head trauma..." Interview and observation on 7/29/21 at 11:00am of the facility revealed: -4 staff (#1, #2, #3, #4) with 5 clients. -Client #6 was not present. -The Group Home Manager (GHM) stated client #6 was hospitalized. Observation on 7/30/21 between 2pm-3pm of client #6 at the facility's office revealed: -Client #6's speech was slurred and he was difficult to understand. Client was in wheelchair with a chest strap which secured him in the wheelchair. Client had several abrasions on his face to include the bridge of his nose, forehead, over his left eye, under his left eye and under right eye. The abrasions were similar in circular size and shape about 1/4 inch in size and width. Each abrasion was in a similar healing stage with red perimeter and scabbed over. Client had smaller abrasions on his arms and all stages in healing. Client also had head tremors. Attempted interview on 7/30/21 with client #6 was unsuccessful due to his slurred speech and difficulty to understand. Interview on 7/30/21 staff #2 stated: -He was the individual day support for client #6. -He worked 1st shift from 8am-3pm. -He was aware and had reviewed all of client #6's behaviors.	V 115		

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V 115	Continued From page 7 -Client #6 was awake when his shift began. -Client #6 had self injurious behaviors. -Client #6 had not fallen while with him but client #6 would try to slide or throw himself out his wheelchair. -Client #6 did not know he had a catheter and tried to go to the bathroom. -Client #6 would try to stand and he would stand close to him at all times. Interview on 7/29/21 the GHM stated: -She had been the GHM for 2 years. -She had worked 1st shift and when staff called out. -1st shift 7am-3pm, 2nd shift-3pm-11pm and 3rd 11pm-7am. -Staff worked staggered on 1st shift with 1 additional staff to work at 6am, 7am and 8am. -Staff worked staggered on 2nd shift with 2 staff that left at 9pm and 2 staff left at 10pm. -Client #6 had 1 to 1 services from 6am-3pm. - 4 of the 6 clients at the facility received 1 to 1 day support services. -There was usually 4 to 5 staff on 1st (7am-3pm) and 2nd (3pm)-11pm shifts. -1 awake staff on 3rd shift. -Client #6 "likes" to fall out of chairs and required the most care. -Client #6 needed 1 to 1 "he does stuff so fast." -Client #6 was at the hospital. -They placed a bed alarm monitor and floor cushion in client #6's bedroom, he had constantly fell out the bed and had carpet burn. -Most recently they had tried to get client #6 up earlier. -Client #6 "sabotages" and saw the different times and would wait until staff leave to do self harm. Interview on 7/30/21 the facility's Licensed	V 115		

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V 115	Continued From page 8 Practical Nurse (LPN) stated: -Client #6 fell often and falls occurred on a weekly basis. -Staff were required to contact her after every fall with client #6. -Client #6 had a head injury and nasal fracture as a result of falling out the bed. -She had seen client #6 more often than the other clients. -A mat had been placed by client #6's bed for safety. -Client #6 was aware he caused harm to himself and would say he fell on purpose. -Client #6 had 1 to 1 for 6 hours at the home during the day. -Staff had been present and was aware of client #6's behaviors and kept a close eye on him. -She had ordered a hospital bed with siderails for client #6 on 7/21/21. Interview on 7/30/21 the Administrator/Qualified Professional stated: -They placed a mat 2 to 3 weeks ago beside client #6's bed. -A bed alarm had been placed to detect movement of client #6. -They moved client #6's wake time up and staff came in earlier. -Last week she requested additional staff and specialized consultative services from client #6's care coordinator. -They met with the doctor last week and were waiting on an order for a hospital bed. -She was not aware there had been an order but confirmed the LPN ordered the hospital bed. -She was aware staff needed assistance from another resident to get client #6 up after a fall. -Staff were required to contact the nurse after each fall with client #6.	V 115		

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V 115	Continued From page 9 This deficiency is cross referenced into 10A NCAC 27G .5602 Staff (V290) for a Type A1 and must be corrected within 23 days.	V 115		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 10 This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 3 audited clients (#6). The findings are: Review on 7/29/21-7/30/21 of client #6's record revealed: -56 year old male. -Admission date 9/25/20. -Diagnoses of Schizophrenia, Intermittent Explosive disorder, Moderate Intellectual disability, Autism, Cerebral Palsy, hypertension, bursitis and arthritis. Review on 7/30/21 of client #6's signed physician orders dated 2/17/21 revealed: -Clobetasol Solution 0.05% Apply topically active areas on scalp at bedtime. (Scalp and skin conditions) -Betamethasone Dipropionate cream 0.05% Apply topically to affected areas on body 2 times daily as needed for flares for 30 days. (Skin) Review on 7/29/21-7/30/21 of MARs for client #6 from May 2021 to June 25, 2021 revealed: -Clobetasol Solution 0.05% was documented as administered or documented as other for hospital stays from May to 7/28/21. Observation on 7/29/21 between 2pm - 3:30pm of client #6's medications revealed Clobetasol Solution 0.05% and Betamethasone Dipropionate cream 0.05% was not available for review.	V 118		

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V 118	Continued From page 11 Attempted interview on 7/30/21 with client #6 was unsuccessful, client had slurred and mumbled speech. Client #6's words could not be understood. Client #6 was discharged from hospital on 7/29/21. Interview on 7/29/21 the Group Home Manager stated: -Client #6 had received all his medications as ordered. -She had not been able to locate the Clobetasol Solution 0.05% and Betamethasone Dipropionate cream 0.05%. -She contacted the nurse to confirmed medications should be available at the facility. Due to the failure to accurately document medication administration it could not be determined if clients received their medication as ordered by the physician.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.	V 290		

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V 290	Continued From page 12 (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide staff-client ratios to enable staff to respond to individualized client needs affecting 1 of 3 clients audited (#6). The findings are: Cross Reference: 10A NCAC 27G .0208 Client	V 290		

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	MHL078-312	A. BUILDING: _____ B. WING _____	08/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBESON #3	504 S ELM STREET MAXTON, NC 28364

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V 290	Continued From page 13 Services (V115). Based on record reviews, observation and interviews, the facility failed to provide supervision to ensure the safety and welfare for 1 of 3 clients audited (#6). Review on 8/3/21 of the Plan of Protection dated 8/3/21 written by the Administrator/Qualified Professional revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The Facility will provide activities of clients to ensure space and supervision is provided to ensure the safety and welfare the clients. The Facility will ensure activities are suitable for client's interest, and treatment/habilitation needs of the clients served. The Facility will also ensure clients participate in planning and determining activities. The Facility will ensure staff-client ratio is appropriate to enable staff to respond to individualized client needs." "Describe your plans to make sure the above happens. The Facilities' Safety Chairperson will complete a Safety Assessment to ensure the space and supervision of the clients is supported to ensure the safety and welfare of the clients by reducing falls resulting in injury. The Facility will provide addition training on Fall Prevention and Lifts and Transfers. PT (Physical Therapy) will re-assess Consumer for Fall Prevention Guidelines and determine if additional staff and/or adaptive equipment is needed. The Facility will complete a Risk For Falls Screening to determine if activities are suitable for client's interest, and treatment/habilitation needs of the clients. The QP, LPN (Licensed Practical Nurse), and Administrator will increase Interaction Assessments to three times a month and Safety Assessments once a month for three consecutive	V 290		

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V 290	Continued From page 14 months. The team will make any recommendations from the Safety and Interaction Assessments to increase the safety and welfare of the clients. The Facility will increase Clinical Supervision during third shift to ensure Appropriate staff-client ratio to enable staff to respond to individualized needs. The Psychologist will assess client current behavioral challenges to determine if a formal Behavioral Support Plan is needed to ensure the safety and welfare of the client. The Facility will continue to monitor past modifications made from Environmental and Safety Assessments addressing falls to include implementation of wheelchair and seatbelt on 4/21/2021, bed safety alarm 7/6/21, furniture rearrangement 7/12/2021, safety padding to floor implemented on 7/15/2021, and hospital bed with safety rails ordered on 7/21/2021 and delivered 7/30/2021." A 56 year old male client with diagnoses of Schizophrenia, Intermittent Explosive disorder, Moderate Intellectual disability, Autism, Cerebral Palsy, hypertension, bursitis and arthritis was admitted to the facility on 9/25/20. Client #6 had a wheelchair and chest strap ordered in April (2021) and a Foley catheter placed on 5/4/21. Client was admitted to the facility with a history of falls. Client #6's treatment plan required client to have 24 hour supervision and at least 2-3 staff in the group home with wake staff to provide 24 hour supervision and supports for fall risks. The facility had 1 awake staff on 3rd shift and the 3rd shift staff required the assistance of another client with getting client #6 off the floor after a fall. The facility provided a floor mat and bed alarm as interventions for client #6's frequent and injurious falls. There was not an increase in staffing or supervision to support client #6's treatment needs. Client #6 had 22 documented falls from	V 290		

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V 290	Continued From page 15 May 2021 to June 25, 2021. The LPN reported fall frequency for client #6 as weekly. On 7/7/21 client #6 sustained a nose fracture as a result of a fall. On 7/20/21 client #6 sustained lacerations and abrasions to his face that required an emergency room visit. Both incidents had occurred on 3rd shift with 1 staff present. This deficiency constitutes a Type A1 violation for serious physical harm and neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 290		
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 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	V 291		

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V 291	Continued From page 16 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 record reviews, observation and interview, the facility failed to maintain coordination among the medical providers responsible for the clients' treatment, affecting one of three audited clients (#5). The findings are: Review on 07/29/21 of client #5's record revealed: - 25 year old male. - Admission date of 11/29/16 - Diagnoses of Autism, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability and Asthma. Review on 08/03/21 of client #5's medical record revealed the following signed physician order: - 11/13/20 - Albuterol (is used to treat or prevent bronchospasm, or narrowing of the airways in the lungs, in people with asthma) 90 micrograms - 1 inhale as needed every 6 hours for shortness of breath. Observation on 07/29/21 at approximately 1:30pm revealed: - Client #5 was not at the facility. - Albuterol inhaler labeled with client #5's name	V 291		

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V 291	Continued From page 17 was in his medications. - Directions on the Albuterol inhaler for one puff every 6 hours as needed for shortness of breath. Interview on 07/28/21 the House Manager stated: - Client #5 did not take his Albuterol inhaler with him to the clinic today. - Client #5 will take his inhaler with him on long trips. - Client #5 went to the clinic today and the nurse could administer an inhaler if needed. - Client #5 has not needed his inhaler recently.	V 291		