

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-312 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/03/2021 |
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| NAME OF PROVIDER OR SUPPLIER ROBESON #3 | | STREET ADDRESS, CITY, STATE, ZIP CODE 504 S ELM STREET MAXTON, NC 28364 | | |
| (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 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 | The Facility will provide activities for clients to ensure space and supervision is provided to ensure the safety and welfare of 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 has ensured staff client ratio is appropriate to enable staff to respond to individualized client needs. The Facilities' Safety Chairperson completed a Safety Assessment on 8/10/2010 to ensure the space and supervision of the clients is supported and to ensure the safety and welfare of the clients by reducing falls resulting in injury. The Facility has provided additional training on Fall Prevention, Lifts and Transfers on 8/7/2021. The Physical Therapist, Donnie Smith re-assessed the Consumer for Fall Prevention Guidelines and to determine if additional staff and/or adaptive | |

Jane Holley, Administrator
Tammie Holleyworth, RA Administrator
Khubert, NC

8/26/2021

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| V 115 | <p>Continued From page 2</p> <p>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."</p> <p>- "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..."</p> <p>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</p> | V 115 | | |
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| V 115 | <p>Continued From page 4</p> <p>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."</p> <p>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.</p> <p>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</p> | V 115 | | |

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| V 115 | <p>Continued From page 6</p> <p>Fracture noted. Band-Aid in place to nose. ER physician informed DSP to monitor nose for bleeding and any changes..."</p> <p>"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..."</p> <p>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.</p> <p>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.</p> <p>Attempted interview on 7/30/21 with client #6 was unsuccessful due to his slurred speech and difficulty to understand.</p> <p>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.</p> | V 115 | | |
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| V 115 | <p>Continued From page 8</p> <p>Practical Nurse (LPN) stated:</p> <ul style="list-style-type: none"> -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. <p>Interview on 7/30/21 the Administrator/Qualified Professional stated:</p> <ul style="list-style-type: none"> -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 118 | <p>Continued From page 10</p> <p>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:</p> <p>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.</p> <p>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)</p> <p>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.</p> <p>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.</p> | V 118 | | |

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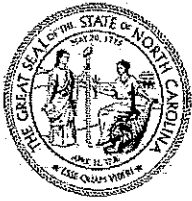
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| V 290 | <p>Continued From page 12</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall 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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>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:</p> <p>Cross Reference: 10A NCAC 27G .0208 Client</p> | V 290 | <p>supervision of clients is supported and to ensure the safety and welfare of the clients by reducing falls resulting in injury. The Facility has provided additional training on Fall Prevention, Lifts and Transfers on 8/7/2021. The Physical Therapist, Donnie Smith re-assessed Consumer for Fall Prevention Guidelines and determined if additional staff and/or adaptive equipment is needed on 8/21/2021. The Facility has completed a Risk for Falls Screening on 8/5/2021 to determine if activities are suitable for client's interest, and treatment/habilitation needs of the clients. The Qualified Professional, Licensed Practical Nurse, and Administrator have increased Interaction Assessments to three times a month and Safety Assessments once a month for three consecutive months. The team will make any recommendations from the Safety and Interaction Assessments to increase the safety and welfare of the clients.</p> <p>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</p> | |

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| V 290 | <p>Continued From page 14</p> <p>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."</p> <p>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</p> | V 290 | | |

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| V 291 | <p>Continued From page 16</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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</p> | V 291 | <p>ensure Medication Technicians document administered medications accurately on the MAR. Completed by 10/2/2021</p> | |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 16, 2021

Tammy Hollingsworth
RHA Health Services NC, LLC
2003 Godwin Ave., Ste A1
Lumberton, NC 28358

Re: Annual, Complaint Survey completed August 3, 2021
Robeson #3, 504 South Elm St., Maxton, NC, 28364
MHL # 078-312
E-mail Address: tammie.hollingsworth@rhanet.org
Intake # NC00179568

Dear Ms. Hollingsworth:

Thank you for the cooperation and courtesy extended during the Annual and Complaint survey completed August 3, 2021. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for **10A NCAC 27G .5602 Staff (V290) crossed with 10A NCAC 27G .0208 Client Services (V115)**.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be **corrected** within 23 days from the exit date of the survey, which is August 26, 2021. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against RHA Health Services NC, LLC for each day the deficiency remains out of compliance.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 2, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078