

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>07/20/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MINERAL SPRINGS I AND II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 &amp; 414 MINERAL SPRINGS ROAD DURHAM, NC 27707</b>	
(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) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		
W 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure environmental cleanliness. The findings are:</p> <p>A) When entering facility #2 on 7/19/21 at 2:15pm for afternoon observations, it was noted that the front porch railing was pulled away from the frame of the home and was dangling. On the ground where the porch railing had been pulled away from the frame of the home, there were several exposed nails still attached.</p> <p>Interviews on 7/20/21 with the residential manager (RM) revealed the railing had been damaged for several weeks and was in need of repair. The RM was not certain if a work order had been submitted.</p> <p>B) During observations in facility #2 on 7/19/21 at 2:20pm, it was noted that the wall in the dining</p>	W 104	<p>W 104 (a,b,c) The QIDDP will in-service the Residential Team Lead on conducting an Environmental Assessment of the home on a routine basis and submitting a work order regarding all findings. Monitoring will occur with the Clinical Team completing an Environmental Assessments 2x per week for the next 30 days to ensure the home is well maintained. In the future, the Residential Team Lead will on a routine basis ensure all repairs are identified on an Environmental Assessment and repairs are completed timely.</p> <p style="text-align: center;"><b>DHSR - Mental Health</b> <b>AUG 04 2021</b> <b>Lic. &amp; Cert. Section</b></p> <p style="text-align: right;"><i>[Signature]</i> TITLE 07-28-21</p>	9/20/2021

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 104	Continued From page 1 room has a long area of exposed sheetrock and paint missing. There was another area on the dining wall across the room that had similar damage.  Interviews with the RM on 7/20/21 revealed that clients #8 and #9 often bump the dining room walls with their electric wheelchairs and this damage has been there for several months and is in need of repair. The RM was not certain if a work order had been submitted.  C) During observations in facility #2 on 7/19/21 and on 7/20/21 the heating vent on the dining room wall was noted to be covered with dust.  Interviews on 7/20/21 with staff C indicated the dust had been covering the vent in the dining room for several weeks.  Interview on 7/20/21 with the administrator revealed he was not aware of these concerns but would follow up with maintenance and the RM to make the necessary repairs and to ensure environmental cleanliness.	W 104		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)  The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.  This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to ensure two of three audit clients (#9 and #12) and one non-audit client (#1) were afforded privacy during toileting	W 130	W 130 (a, b, c) The QIDDP will in-service staff on maintaining the privacy of all Clients including client #9 and #12. Monitoring will occur with the Clinical Team completing an Interaction Assessments 2x per week for the next 30 days to ensure privacy is being maintained for all clients. In the future, staff will maintain the privacy of the individuals by ensuring the bathroom and bedroom doors are closed when being used by the individuals.	9/20/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/21/2021  
FORM APPROVED  
OMB NO. 0938-0391

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W 130	<p>Continued From page 2 and personal care. The findings are:</p> <p>A) During observations in facility #2 on 7/19/21 at 3:35pm, staff F took client #12 into the bathroom to assist him with a shower. Staff F had to step out of the bathroom to retrieve a grooming item for client #12. When staff F returned to the bathroom he left the bedroom door open exposing client #12, who was naked in the shower, to anyone who passed the door in the hallway.</p> <p>Review on 7/19/21 of client #12's adaptive behavior inventory (ABI) dated 4/7/21 revealed he is independent in the area of toileting but needs assistance with bathing.</p> <p>Interview on 7/20/21 with the residential manager (RM) revealed client #12 needs verbal reminders to shut the door and that direct care staff should him assist him when he is showering and ensure the bathroom door is closed to protect his privacy.</p> <p>B) During observations in facility #2 on 7/19/21 at 4:50pm client #1 went to the hallway bathroom and toileted with bathroom door open. Staff G asked client #1 if he washed his hands. Staff G then reminded him to go back to the bathroom and to wash his hands.</p> <p>Interview with staff G on 7/19/21 revealed frequently client #1 has to be reminded to close the bathroom door and to wash his hands after toileting.</p> <p>C) During observations in facility #2 on 7/20/21 at 6:15am staff C and staff D were noted to knock on client #9's bedroom door and enter his room. Staff C remarked that client #9 had "wet the bed".</p>	W 130			

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W 130	Continued From page 3 Staff C and D assisted client #9 to pull his covers back and removed his t-shirt that was wet. Client #9 was exposed, lying on his bed, only wearing his diaper while the bedroom door was open. During this time, staff C and staff D walked in and out of the bedroom.  Review on 7/19/21 of his ABL dated 10/1/20 revealed he needs assistance in protecting his privacy during toileting and self care activities.  Interview on 7/20/21 with the RM revealed direct care staff should assist client #9 in protecting his privacy during toileting and self care activities and ensure the bathroom and bedroom doors are closed.	W 130			
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)  The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.  This STANDARD is not met as evidenced by: Based on observation, record review and confirmed by interview with staff, the facility failed to assure the individual program plans (IPPs) for 2 of 4 sampled clients (#4 and #12) included training in personal skills essential for independence in dining, bathing, clothing care and toothbrushing to meet both clients' needs.	W 242	W 242a The Hab Spec. will implement a program to slow down client #12 pace during meal time. Monitoring will occur with the Clinical Team completing a Mealtime Assessments 2x per week for the next 30 days to ensure client #12 is eating at a moderate pace. In the future, the OT will assess all individual's eating pace and QIDDP will implement recommendations.	9/20/2021	

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W 242	<p>Continued From page 4</p> <p>The findings are:</p> <p>A) During observations of the supper meal on 7/19/21 at 5:00pm, client #12 was assisted to serve pork chops, collard greens, a biscuit and rice. Client #12 had a koolaid drink and water as beverages. He was provided a high sided sectioned plate. Staff G assisted him with cutting up his pork chop into 1/2 inch pieces. After client #12 was served his meal items, he began to scoop rapidly to feed himself. Staff G gave him verbal cues 10 times during the meal, to slow down his pace and asked him several times to put his fork down to wait between bites of food.</p> <p>During observation of breakfast on 7/20/21 at 7:46am, client #12 was assisted to serve cheese toast, cereal, coffee, juice and water. Staff E reminded client #12 to slow his pace of eating as his cheese toast was uncut. He began to tear the cheese toast into pieces and was reminded to slow down twice by staff E and staff G.</p> <p>Review on 7/20/21 of client #12's individual program plan (IPP) dated 5/5/2021 revealed he has formal training to learn to tolerate wearing a mask in the community, a behavior support program (BSP) to address elopement, self-injury, physical aggression and property damage, a program to sweep his bedroom floor and stay on preferred task for 30 minutes. There is no training listed in the area of dining.</p> <p>Review on 7/19/21 of client #12's adaptive behavior inventory (ABI) dated 4/7/21 revealed he is independent in the area of dining.</p> <p>Interview on 7/20/21 with the Residential manager (RM), behavior program specialist and</p>	W 242		
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W 242	<p>Continued From page 5</p> <p>staff G revealed that client #12 often eats rapidly and that is why his foods have to be cut up into 1/2 inch pieces. Further interview revealed there has been no recent formal training in teaching client #12 to slow his rate of eating.</p> <p>B) Because of current COVID-19 protocols, it was not possible for the surveyor to enter facility #1 to do observations.</p> <p>Review on 7/19/21 of client #4's ABI dated 12/9/20 revealed he has no independence in the area of toileting. Further review of the ABI revealed client #4 requires assistance with all areas of bathing, brushing his teeth and washing his hands. Additional review of the ABI revealed client #4 has no independence in the area of clothing care, which includes washing, drying, folding and storing his clothing.</p> <p>Review on 7/19/21 of client #4's IPP dated 1/12/2021 revealed he has formal training programs which included a behavior support program to address severe disruption, verbal aggression and property damage as well as a program to wipe off his placessetting. There were no formal self-care or home living programs developed for client #4.</p> <p>Interviews on 7/19/21 by telephone with staff H and staff I revealed client #4 is not independent in the areas of toileting, bathing, toothbrushing, washing his hands or in the area of clothing care. Further interviews revealed client #4 does not have formal training developed to address his needs in these areas.</p> <p>Interviews on 7/20/21 by telephone with staff J and staff K revealed client #4 is not independent</p>	W 242	<p>W242b</p> <p>The Hab Spec will implement goals for Client #4 to address toileting, bathing, toothbrushing and hand washing. Monitoring will occur with the QIDDP completing a chart review to ensure goal have been implemented and progress is being noted within the next 30 days. In the future, the Hab Spec will ensure goals are implemented according to the needs of the individuals' ABI assessment.</p>	9/20/2021
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W 242	Continued From page 6 in the areas of toileting, bathing, toothbrushing, washing his hands or in the area of clothing care. Further interview with both staff J and staff K confirmed client #4 does not have formal training developed to address his needs in these areas.  During the exit interview on 7/20/21 the qualified intellectual disabilities professional (QIDP) confirmed client #4 does not currently have formal training to address his needs in the areas of toileting, bathing, toothbrushing, washing his hands or clothing care as indicated in his ABI.	W 242		
W 418	CLIENT BEDROOMS CFR(s): 483.470(b)(4)(ii)  The facility must provide each client with a clean, comfortable mattress.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure client #9 had a comfortable mattress. This affected 1 of 3 audit clients. The finding is:  During observations in the facility on 7/20/21 at 6:15am staff C and staff D were noted to knock on client #9's bedroom door and enter his room. Staff C remarked that client #9 had "wet the bed". Staff C and D assisted client #9 to pull his covers back and removed his t- shirt that was wet. Staff C and D then transferred client #9 into his wheelchair and began removing the linens off client #9's bed. Staff D stated that his linens were wet and took them to the laundry room. Once the bedding was removed, several very large stains could be seen on the cloth mattress pad. The mattress smelled of urine.	W 418	W 418 The QIDDP will ensure a wet proof mattress and cover is order for Client #9. Monitoring will occur with the Clinical Team completing an Enviromental assessments within the next 30 days to ensure client #9 has a mattress free of the smell of urine. In the future, the Residential Team Lead on a routine basis will check the mattresses to ensure they remain free of urine smell.	9/20/2021

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W 418	<p>Continued From page 7</p> <p>Interviews on 7/20/21 with staff C and D verified that client #9 is checked every 30 minutes during the night but often has toileting accidents and urine saturates the mattress padding and mattress.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) and administrator on 7/20/21 revealed another mattress and waterproof cover have not been ordered for client #9.</p>	W 418		
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<b>To:</b>	Kimberly McCaskill	<b>Fax:</b>	919-715-8078	
<b>From:</b>	Morris Thomas	<b>Date:</b>	07/28/21	
<b>Re:</b>	Mineral Springs I & II Survey	<b>Pages:</b>	10 (Including Cover)	
<b>CC:</b>				
<b>Urgent</b>	<b>For Review</b>	<b>As Requested</b>	<b>Please Reply</b>	<b>Please Recycle</b>

**Additional Comments:** \_\_\_\_\_  
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**Confidentiality Note:** The enclosed facsimile transmission contains confidential medical record information. This information has been disclosed to the recipient identified above and is protected by State and Federal law. Those laws limit your ability to further disclose this confidential medical information without the prior written consent of the patient/client and his/her legal guardian or unless otherwise permitted by State and Federal law. If you are not the intended recipient, you are hereby notified that any USE, disclosure, copying, distribution, or OTHER action taken WITHOUT RESPECT TO the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Last Modified: 7/7/2006

Form #: 2011-RTP

DATE, TIME  
 FAX NO./NAME  
 DURATION  
 PAGE(S)  
 RESULT  
 MODE

07/29 09:33  
 19197158078  
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 10  
 OK  
 STANDARD

TIME : 07/29/2021 09:37  
 NAME :  
 FAX :  
 TEL :  
 SER.# : U63315M6J376548

TRANSMISSION VERIFICATION REPORT

<b>To:</b>	Kimberly McCaskill	<b>Fax:</b>	919-715-8078		
<b>From:</b>	Morris Thomas	<b>Date:</b>	07/28/21		
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<b>CC:</b>					
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**Additional Comments:** \_\_\_\_\_  
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Form #: 2011-RTP

BUSY/NO RESPONSE

07/28 16:33 19197188078 00:00:00 BUSY STANDARD	DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE
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TIME : 07/28/2021 16:33  
 NAME :  
 FAX :  
 TEL :  
 SER.# : U63315M6J376548

TRANSMISSION VERIFICATION REPORT



July 28, 2021

Kimberly C. McCaskill, MSW  
2718 Mail Service Center  
Raleigh, North Carolina 27699

Re: Recertification Completed on July 20, 2021  
Mineral Springs Road I and II, 414 Mineral Springs Road, Durham, NC 27703  
Provider Number: 34G157  
MHL# 032056 and 032057

Dear Ms. McCaskill:

Thank you for your recent survey of Mineral Springs Road I and II. It was a pleasure working with you. We look forward to your follow up return to ensure all deficient practices have been corrected.

Enclosed you will find the plan of correction for all deficiencies cited. Please do not hesitate to contact me if additional information is required.

Sincerely,

A handwritten signature in black ink, appearing to read "Morris Thomas". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Morris Thomas  
Administrator



RHA Health Services, LLC  
 2527 E. Lyon Station Rd  
 Creedmoor, NC 27522  
 Phone: 919-528-2558  
 Fax: 919-528-2971

## FAX TRANSMISSION

**CONFIDENTIAL HEALTH INFORMATION ENCLOSED**

. . . . .

<b>To:</b>	Kimberly McCaskill	<b>Fax:</b>	919-715-8078	
<b>From:</b>	Morris Thomas	<b>Date:</b>	07/28/21	
<b>Re:</b>	Mineral Springs I & II Survey	<b>Pages:</b>	10 (Including Cover)	
<b>CC:</b>				
<b>Urgent</b>	<b>For Review</b>	<b>As Requested</b>	<b>Please Reply</b>	<b>Please Recycle</b>

**Additional Comments:** \_\_\_\_\_

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