

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-067 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/25/2021 |
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| NAME OF PROVIDER OR SUPPLIER HILLPARK GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 175 ELSON AVENUE HENDERSONVILLE, NC 28739 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 08/25/2021. The complaints (NC#179101 and NC#178905) were unsubstantiated. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> | V 000 | | |
| V 105 | <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> | V 105 | | |

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

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| V 105 | <p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p> | V 105 | | |

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| V 105 | <p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to implement their written policy criteria for admission for 1 of 1 audited former client, Former Client #6 (FC#6). The findings are:</p> <p>Review on 08/23/21 of the facility's written admission policies revealed: -"An assessment of the person's presenting diagnosis and needs will be completed to determine whether or not RHA can provide services to address the person's needs;" -"The elements of the assessment process shall include but are not limited to: 1. The reason for admission, which include needs/problems; 2. strengths; 3. preferences; 4. evaluations, as appropriate, including but not limited to psychological, developmental, functional, social, physical, behavioral, economic, intellectual; 5. mental status, as appropriate; and 6. diagnosis(es);"</p> <p>-The admission criteria stated "RHA (licensee) serves only those people for whom it has been determined by a duly constituted interdisciplinary team that placement in an RHA residence or periodic services is an appropriate placementassessments must contain information that is accurate and current."</p> <p>Review on 8/17/21 of FC#6's record revealed: -Admission Date: 9/5/19 -Discharge Date: 7/12/21 Diagnoses: Profound Intellectual and Developmental Disability (IDD), Gastrostomy, Cerebral Palsy, Partial Epilepsy, Spasticity, Cerumen Impaction, Constipation, Flexion Contractures, Dysphagia, Gastroesophageal Reflux Disease (GERD), Anxiety, Chronic Pain,</p> | V 105 | | |

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| V 105 | <p>Continued From page 3</p> <p>Encephalopathy, Legally Blind, and Diabetes; -Female; -Pre Admission History of Intermediate Care Facility (ICF) placement and skilled nursing for rehabilitation prior to admission to Hillpark Group Home; -FC#6 was admitted to the facility with a Percutaneous Endoscopic Gastrostomy (PEG) tube (feeding tube) and required complete care for dressing, eating, hygiene, and was wheelchair/bed bound; -FC#6's most recent treatment plan dated 6/24/21 included goals surrounding showing preferences for beverages by shaking her head, holding an item for 30 seconds, and attempting to push her arm through a sleeve while being dressed.</p> <p>Review on 8/18/21 of FC#6's pre-admission "selection review interview" to the facility revealed: -a document that was not signed or dated by RHA staff, despite having multiple signature lines noted as selection committee; -there was no diagnosis information documented, only preferences of client noted.</p> <p>Review on 08/18/21 of FC#6's new admission medical screening dated 6/3/19, prior to the facility admission revealed: -no diagnosis information other than grand mal seizures listed; -no documentation of signature of RHA medical staff;</p> <p>Review on 08/18/21 of FC#6's discharge paperwork from the (sending) nursing rehabilitation facility to the Hillpark Group Home revealed: -the receiving facility, Hillpark Group Home, was listed as an Intermediate Care Facility (ICF) on</p> | V 105 | | |

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| V 105 | <p>Continued From page 4</p> <p>the paperwork; -diagnosis information and dietary orders were not documented; -functional mobility and self-care needs including feeding, dressing, moving up and down, hygiene, and meal preparation were listed as total care.</p> <p>Interview on 08/11/21 with FC#6's guardian revealed: -FC#6 was currently at a nursing home; -they believed the facility kicked FC#6 out and "wouldn't allow her to come back because her care level had changed ...and nothing has changed;" -the doctors and team at the hospital made the recommendation for FC#6 change in level of care; -when FC#6 first went to the facility "it was great ...then the house manager left and COVID hit and it went downhill after;" -"We've seen differences in [FC#6] since she's been at the new facility "totally different now ...she's happier."</p> <p>Interview on 8/12/21 with Staff #1 and Staff#2 revealed: -FC#6 was total care and often took two people for everything; -staff were medication administration trained with CPR and First Aid training; -"nurses were available on-call, came to the facility to check medications ...and were available at the office if needed for a sick client."</p> <p>Interview on 8/20/21 with the former Qualified Professional (QP#1) revealed: -it was herself and a former house manager that screened and admitted [FC#6]; -"the former behavior specialist's mother was [FC#6]'s roommate at a nursing rehabilitation</p> | V 105 | | |

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| V 105 | <p>Continued From page 5</p> <p>facility and met the family ...that's how [FC#6] was referred;"</p> <p>-When FC#6 was admitted"things were less rigid ...and all of the initial evaluations they were as needed ...they faxed the application in to a supervisor in Burnsville;"</p> <p>-she spoke with the guardians about placing FC#6 in an ICF after her admittance but the guardian didn't want it;</p> <p>-after FC#6 was admitted, they changed how they process referrals;</p> <p>-FC#6 was above the level of care for Hillpark Group Home;</p> <p>Interview on 08/23/21 with the former Licensed Practical Nurse revealed:</p> <p>-her last day was 6/18/21;</p> <p>-she was not the admitting nurse for FC#6;</p> <p>-she reported that FC#6 was "non-verbal, no real mobility, spastic motions, no control, and had high care needs;"</p> <p>-She reported that FC#6 got "beneficial sensory exposure at the facility, however ... it was common knowledge, that [FC#6] needed a higher level of care;"</p> <p>-She reported that FC#6 "needed to be where she could be treated immediately if there was a concern, like a Urinary Tract Infection (UTI) ... the facility was not set up for that;"</p> <p>-FC#6 was not an appropriate referral for the facility.</p> <p>Interview on 8/12/21 with the Administrator revealed:</p> <p>-08/13/21 was his last day as Administrator of the facility;</p> <p>-FC#6 was now at a skilled nursing facility;</p> <p>-"residents at Hillpark Group Home were able to do some things for themselves; i.e. feed themselves, help with bathing, and [FC#6] was</p> | V 105 | | |

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| V 105 | <p>Continued From page 6</p> <p>total care;"</p> <p>-he reported that the facility offered the FC#6's guardian an Intermediate Care Facility (ICF) placement for FC#6 and they refused;</p> <p>-he did not meet FC#6 prior to admission and FC#6 was not an appropriate referral;</p> <p>-they've changed how they screen referrals now;</p> <p>Review on 8/23/21 of local hospital Medical Records revealed:</p> <p>-on 6/26/21 FC#6 was admitted to a local hospital via Emergency Medical Services (EMS) from the group home due to altered mental status, low pulse, low blood sugar, low body temperature, and was diagnosed with a Urinary Tract Infection, and Septic Shock;</p> <p>-during FC#6's hospital stay, she required nebulizer treatments, a Peripherally Inserted Central Catheter (PICC) line for fluid resuscitation and antibiotics, supplemental oxygen, and continued tube feedings;</p> <p>-FC#6 developed pneumonia in the hospital and was discharged to skilled nursing facility on 7/12/21;</p> | V 105 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted</p> | V 114 | | |

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| V 114 | <p>Continued From page 7</p> <p>under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 08/12/21 of the facility's fire and disaster drill log revealed: - No documentation of fire drills during the following shifts and quarters: - January - March 2021: 2nd & 3rd shifts - April - June 2021: 3rd shift - No documentation of disaster drills during the following shifts and quarters: - January - March 2021: 2nd shift</p> <p>Interview on 08/25/21 with the Qualified Professional (QP) revealed: -There was no current house manager for facility who usually monitored these; -The house manager that was responsible for the first two quarters of the year missed the second shift drill by 20 minutes; -He will be following up to make sure these are done timely.</p> | V 114 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>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</p> | V 118 | | |

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| V 118 | <p>Continued From page 8</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to keep the MAR current, affecting 1 of 2 audited current clients, Client #2 and 1 of 1 audited former client, Former Client #6 (FC#6). The findings are:</p> <p>Review on 08/12/21 and 8/17/21 of Client #2's</p> | V 118 | | |

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| V 118 | <p>Continued From page 9</p> <p>record revealed:</p> <ul style="list-style-type: none"> - Admission date: 08/03/20 - Diagnoses: Moderate Intellectual Disability (IDD), Cerebral Palsy, Hydrocephalus, Seizure Disorder (D/O), Psychotic D/O, and Visual Impairment - Female; - Physicians orders for the following medications included: <p>Divalproex 500 milligrams (mg) Extended Release (ER) tab, Take 1 tablet by mouth (PO) three times a day for seizures, ordered 8/7/20;</p> <p>Phenytoin EX Cap (Dilantin) 100mg, Take 3 capsules (300mg) PO on Monday, Weds, Friday at Bedtime, ordered 8/7/20;</p> <p>Phenytoin EX Cap 100mg, Take 2 capsules (200mg) PO on Tuesday, Thursday, Saturday and Sunday at bed time, ordered 8/7/20;</p> <p>Thera-Derm Lotion, Apply topically to affected area of feet daily ordered 3/1/21.</p> <p>Review on 8/17/21 of Client #2's MARs from June 2021 to August 2021 revealed:</p> <ul style="list-style-type: none"> -Divalproex 500mg Extended Release (ER) was recorded 3 times a day in the MAR, given at 8:00am, 2:00pm, and 8:00pm; -there were blanks on the MAR for Divalproex 500mg ER tab on 6/12/21 at 2:00pm and on 7/13/21 at 8:00pm. -a blank on the MAR for Thera-Derm Lotion on 7/4/21; -initials on the MAR on 7/1/21(Thursday), 7/3/21(Saturday), and 7/31/21(Saturday) under Phenytoin EX Cap, 300mg PO ordered on Monday, Wednesday, and Friday at bedtime. <p>Review on 8/17/21 of FC#6's ancillary physician orders revealed:</p> <ul style="list-style-type: none"> -water flushes 120-240 ML 3 times daily with meals, ordered 4/21/21. | V 118 | | |

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| V 118 | <p>Continued From page 10</p> <p>Review on 08/17/21 of FC#6's June 2021 MAR revealed: -water flushes were scheduled at 8:00am, 12:00pm, and 5:00pm with meal times; -blank on the MAR on 6/13/21 at 8:00am;</p> <p>Interview with Client #2 on 8/12/21 revealed: -she did not want to speak to surveyor; -she reported her stomach hurt and asked for staff;</p> <p>Attempts to interview FC#6 on 8/12/21 were unsuccessful because her communication is non-verbal.</p> <p>Interview on 08/12/21 with Staff#1 revealed: -they only keep the current month's MAR at the facility, the rest were at the office; -"nursing came to the facility to look at their med closet and check their meds;" -all of the staff were trained in medication administration;</p> <p>Interview on 8/24/21 with the Qualified Professional revealed: -they were short staffed currently and just got a new nurse; -nursing usually brought the med cards and bubble packs back from the house and reviewed them with the MARs; -they hadn't had any med errors in months; -because they were short staffed, staff may have been busy attending to another client and forgot to initial the MAR on blank areas; -FC#6 had to have her tube checked at 8am everyday for residual and it was initialed on 6/13/21 so she likely had her flush with her meal that morning; -there weren't negative outcomes from these</p> | V 118 | | |

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| V 118 | Continued From page 11 errors; -they can do an in-service training regarding MAR documentation. Due to the failure to accurately document medication administration it could not be determined if clients received medications or service as ordered. | V 118 | | |