

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2021
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NAME OF PROVIDER OR SUPPLIER HOPE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 836 JOYCE STREET ASHEBORO, NC 27203
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 2, 2021. The complaint was substantiated (intake #NC00179517). Deficiencies were 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff were currently trained in cardiopulmonary resuscitation (CPR) provided by the Red Cross, the American Heart Association (Staff #1, #2, and #3) The findings are:</p> <p>Review on 8/16/21 of Staff #1's (Qualified Professional) personnel record revealed:</p> <ul style="list-style-type: none"> - Title of Qualified Professional. - Hire date 4/18/11. - Training in CPR and First Aid dated 8/5/19. - CPR and First Aid training were completed online for all staff. - CPR training participants demonstrated chest compressions by clicking a computer mouse. <p>During interviews on 8/16/21 Staff #1(Qualified Professional) stated:</p> <ul style="list-style-type: none"> - CPR/First Aid training was completed online. - CPR training participants demonstrated chest compressions by clicking a computer mouse. <p>Review on 8/16/21 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Title of Developmental Specialist. - Hire date 2/17/20. - Training in CPR and First Aid dated 4/27/21. <p>Review on 8/16/21 of staff #3's personnel record</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 2 revealed: - Title of Developmental Specialist. - Hire date 2/9/09. - Training in CPR and First Aid dated 1/3/19.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies and interventions to address one of one former client's (FC #6) falling episodes. The findings</p> <p>Review on 8/13/21 of FC #6's records revealed: - admitted on 1/8/04 - discharge: July 2021 - diagnoses of Intellectual Developmental Disability, Epilepsy, Dementia, and drop foot - a past history of falls resulting in injury - She had corrective eye surgery in September 2019, however; she still has limited eye sight.</p> <p>Review on 8/13/21 of FC #6's Person Centered Plan (PCP) dated 2/1/21 revealed: -"A goal #2d: [FC #6] will reduce rate of falls to 0 for 4 consecutive months How (Supportive/Interventions) - Staff will monitor for clutter or trip hazards and remove them - Staff will encourage use of grab bars and handrails. - Staff will monitor for transitions with [client#1] and make sure she has increased physical presence for safety. - [FC #6] will receive on going medical assessments and consultation - [FC #6] will wear non- skid shoes at all times. - [FC #6] will examine her path from another location before moving to increase focus." - Further review revealed no specific strategies addressing client frequent falls and safe guarding her from injury.</p> <p>Review of 8/30/21 of the facility's Fall Prevention/Process policy revealed: - "Purpose</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>It is the responsibility of Monarch to ensure that health and safety needs are met for individuals served. Monarch staff will be preventative as possible to ensure that individuals refrain from falls as they can result in injuries. Staff will be as proactive as possible to keep individuals safe including free from falls.</p> <p>- Procedures: 2. If the person appears hurt, states that he/she exhibits pain, or unable to get up by him/herself (without our asking) - do not move them. Call 911. 3. If a person falls and hits his/her head as a result of the fall, call 911"</p> <p>Review on 8/30/21 of the facility's Incident Spreadsheet revealed: - The following dates were noted for FC #6:</p> <p>- 2/3/21: "[FC #6] was walking to the meds (medication) closet to get her non meds and fell. Staff assisted. Staff was able to get a chair so that [FC #6] could pull herself up and sit in the chair."</p> <p>- 2/8/21: "[FC #6] was walking out of the door to get into the vehicle to leave at the end of the day. [Staff #3] and [Staff #6] was beside [Client #2] and she told them that she was going to fall and she slowly made herself go down to the ground and sat on the sidewalk. She then started crying saying that she couldn't get up and that she was hurting all over. Supervisor came outside with a chair when she seen [FC #6] sitting on the sidewalk and staff informed her of what happened. Staff as well as supervisor encouraged [FC #6] to get up. Supervisor went and got a mat so [FC #6] could put her knees on the mat to stand while pulling up on the chair to</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 5</p> <p>get up."</p> <p>- 3/28/21: "[FC #6] was walking from her bedroom to the bathroom, while walking down the hallway, she fell. [FC #6] landed on her right side and hit the upper back part of her head on housemate's bedroom door. Staff made sure [FC #6] was okay before she got up on her on. Staff took [FC #6] to the emergency room to be checked out and was found to be okay."</p> <p>- 4/30/21: "[FC #6] had a dinner plate in her hand along with a cup. She was seen by staff starting to walk by the china cabinet and then the plate hit the floor. Then she was on the floor in a sitting position. [FC #6] was given a dinner room chair so that she could get up by herself."</p> <p>- 6/1/21: "According to [FC #6] this morning she was trying to put up a shirt she didn't want to wear, however [FC #6] was nowhere close to her closet when staff came to check on her. She was actually at the end of her bed on the floor. Staff was with another individual when they heard [FC #6] yell out. Staff went and checked [FC #6] over no apparent injuries when staff looked her over. Afterwards [FC #6] had appeared to be fine, she was able to pull herself up as well."</p> <p>- 6/20/21: "[FC #6] had been in the restroom, staff wanted to give her privacy while using the restroom and brushing her teeth. Staff had heard [FC #6] yell out but didn't hear any sounds as if she had fallen. When staff opened the bathroom door [FC #6] was sitting on the floor, she didn't hit anything or appear to have any bruising or any apparent injury. [FC #6] had got herself up quickly on her own."</p> <p>Review on 8/27/21 of an incident report dated</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 6</p> <p>6/9/21 revealed: -"[FC #6] was trying to get herself dressed at 6:00am on Thursday morning she fell while trying to dress herself before staff was able to get to her. At the time she was able to get herself up and reported that she was fine. Staff checked her over and all of her range of motions were normal and [FC #6] was able to go on her normal day. Later that afternoon [FC #6] reported that her shoulder was hurting her, staff checked her over again and noticed there was a bruise on the shoulder area that had appeared. Staff transported down to ER to get her checked out. While at the ER they did an x-ray and it was discovered that [FC #6] had broken Clavicle bone. [FC #6] was put in a sling and discharged back to the group home. [FC #6] will follow-up with the Othro Doctor on 6/11/21. Appointment has been made."</p> <p>Observation on 8/16/21 at approximately 9:30am of photos of [FC #6's] collar bone injury revealed:: - Three long bruise marks on the top of her shoulder. - A larger bruise at the top of her breast.</p> <p>During an interview on 8/16/21 staff #1 stated: - "[FC #6] was getting herself ready to go to the Day Program. [Staff #4] was assigned to assist [FC #6] Monday through Friday from 6:00am until 9:00am." - She acknowledged FC #6 has been in the facility for over 17 years. - She acknowledged FC #6 had approximately 17 falls within the last year. In addition, two of the 17 falls resulting into serious injuries (Broken thumb and Collar Bone) - "She would sometimes Face plant (falling face down) although she was aware of her surroundings, she wouldn't always break her fall.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 7</p> <p>Bruises to her face sometimes but no fractures to her face."</p> <ul style="list-style-type: none"> - She acknowledged FC #6 was visually impaired. She had corrective eye surgery in September 2019, however; the surgery did not correct all of her vision - FC #6's Treatment Team members consisting of the following individuals: LME/MCO (Local Management Entity/Managed Care Organization), Qualified Professional, Facility Supervisor, Nurse, Legal Guardian (Parents). - The day of the incident involving [FC #6] fracturing her collar bone. - "[Staff #4] (1 on 1 worker) was at the facility at the time of the incident, however; she was not in the room with FC #6 at the time of the fall. Staff (staff #4) checked her over making sure she wasn't injured. [FC #6] complained of her elbow hurting. Staff assist her off of the floor, finished getting her dressed, and transported her to the Day Program. The Day Program staff was informed of the incident . They gave [FC #6] a Tylenol for her elbow due to her continuing to complain." - She remained at the Day Program the entire day <p>During an interview on 8/23/21 staff #5 stated:</p> <ul style="list-style-type: none"> - "I work 2nd shift from 3pm-9pm" - She acknowledged FC #6 had a 1 on 1 worker assigned to her to assist her with getting dressed in the morning Mondays through Fridays from 6:00am through 9:00am. This was put in place due to her history of falling. - "When I arrived to work the day of the incident I was informed that [FC #6] had fallen that morning. She was in her room after returning from the Day Program approximately 4:30pm. She was in a lot of pain and ask me to assist her to get dressed. When I started assisting her with 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 8</p> <p>changing her clothes I noticed bruises on her shoulder, back, and breast area. Management were notified and I was informed to take her to the ER (Emergency Room). She was diagnosed of having a broken collar bone."</p> <p>"The extent of her injuries was concerning to me. Unsure why she was not taken to the hospital sooner than later. In addition, why did she stay at the Day Program the entire day. I was told they just gave her Tylenol for pain."</p> <p>During an interview on 8/23/21 staff #4 stated:</p> <ul style="list-style-type: none"> - "I'm assigned to [FC #6] 1 on 1 to assist her with getting dressed and prepared without fallen." - " My work hours are Monday through Friday from 6:00am til 9:00am." - "She has a history of falls, so the agency assigned me to work 1on 1 with her." - "The day of the incident involving her collar bone getting broken, I was in the bathroom washing my hands and I overheard [FC #6] fall in her room. No one was in the room at the time." - "When I entered the room she was laying on the floor, so I sat her up. - "We checked her over. No visable signs of injury. [FC #6] was complaining of her elbow hurting." - "The on-call worker was informed of the incident." - She assisted [FC #6] off of the floor, finished getting her dressed and transported her to the Day Program. - "When I arrived at the Day Program I informed them of the incident. [FC #6] continued to complain about her elbow, so the staff at the Day Program gave [FC #6] a Tylenol for pain. - [FC #6] stayed at the Day Program the entire day and was later picked up by the residential staff and transported back the group home." 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 9</p> <p>Review on 9/2/21 of a Plan Of Protection dated 9/1/2021 written by the Director of Program Operations and Qualified Professional</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure the safety of consumers in our care, Monarch will continue to follow guidelines as outlined in our Fall Prevention Plan. The plan will be reviewed as revised as appropriate to meet the individualized needs of consumers. Describe your plans to make sure that the above happens.</p> <p>Monarch (Licensee) will address the following areas as outlined in the Fall Prevention Plan:</p> <ol style="list-style-type: none"> 1. Medication Reviews - Monarch (Licensee) will review falls for individuals with their primary care physician as well as medications that could cause instability. These visits are also to assess for the appropriateness of any assistive devices. 2. Medical Conditions- Medical conditions will be reviewed with medical professionals to indicate if these could be factors that could increase fall risks. Some examples are: Neurological disorders, issues with vision, issues with hearing, diabetes, or blood pressure issues. 3. Environmental Checks- These are completed by our Safety Manager and/or designated group home staff. In the event of repeated falls, the environment will be checked to ensure that there are clear walkways, minimal clutter, and appropriate lighting. The individual's clothing will also be checked for proper fit. This could include pants that may be too long or shoes that do not hinder the individual in any way. 4. Activity- Individuals will be encouraged to remain active to strengthen their muscles and, in some cases, they may be referred for physical therapy to access deficits. 5. Staffing- Staffing patterns will be reviewed to 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 10</p> <p>determine if they are appropriate for the individual. It may be necessary in the interest of safety to increase staffing patterns to address any individual risk.</p> <p>6. Team Participation- The residential team leader will work with all stakeholders to guide the plan and evaluate the safety of the individual within in the group home environment. This will be accomplished and documented through team meetings."</p> <p>FC #6 was diagnosed with Intellectual Developmental Disability, Epilepsy, Dementia and drop foot. She had corrective eye surgery in September 2019, however; she still has limited eye sight. She's been at the facility since 2004. FC #6 has difficulty balancing and as a result injuries has been sustained from her multiple falls. The most significant injuries occurred on June 24, 2020 and June 9, 2021. On June 24, 2020 she fell going to the bathroom resulting in breaking her thumb in two places. On June 6, 2021 she fell in her bedroom, resulting in a broken collar bone. She also had a past history of falls since 2020 until 2021 consisting of bruises and scratches on different areas of her body. The only updated Treatment Plan was noted on 2/1/21 by the facility however; there were no updated strategies addressing her multiple falls and injuries. The facility assigned a 1 on 1 worker to assist FC #6 Monday through Friday between the hours of 6:00am until 9:00am., however; several falls and injuries were still sustained. This deficiency constitutes a Type A1 violation for serious 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 per day will be imposed each day the facility is out of</p>	V 112		

Division of Health Service Regulation

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V 112	Continued From page 11 compliance beyond the 23rd day.	V 112		