

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2021
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NAME OF PROVIDER OR SUPPLIER SCI-MAR MAC	STREET ADDRESS, CITY, STATE, ZIP CODE 509 RIDGE DRIVE GOLDSBORO, NC 27530
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(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on October 8, 2021. The complaint was substantiated (intake #NC00180783). A deficiency was 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 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(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.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(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.</p>	V 115		

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

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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations the facility failed to provide supervision to ensure safety of 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 10/01/21 of the North Carolina Incident Reporting Improvement System revealed: - Level II incident report dated 7/14/21 included " . . . Guardians noticed a bruise while bathing [client #5] during a home visit. [Client #5] was unable to provide information as to the origin of the bruise. . . Upon completion of investigation, the cause of the mark on [client #5] remains unknown. [Client #5] cannot tell us what happened. Staff reports indicated that no one was able to determine the direct cause nor did they see any client or self abuse that may have caused the mark. [Client #5] has had increased behaviors recently however, there have been none that would account for this mark on his body. . . . Staff will continue to be vigilant in the monitoring and supervision of [client #5] to ensure his safety. Staff will physically check him over at the start of each shift. They will look for bruises, marks, scratches, etc. and document any on an incident report and immediately report it to their direct supervisor/QP (Qualified Professional)." - Attached handwritten statement dated 7/06/21 and signed by staff #6 included " . . . [client #5] has a history of having red and light yellow areas on his skin throughout his body. He takes medication for rashes. On this particular area seemed to be a little darker than usual areas but there was not any bruising. . . . has on going history of physical behaviors that staff has</p>	V 115		

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V 115	<p>Continued From page 2</p> <p>reported in communication log book and verbally passed on information between staff and shift. . . Don't know for sure . . . my strong possible belief that it may have been caused by [client #5's] positioning and transporting chair from his bedroom to living room pressing pressure against his back causing irritation to his skin. After observing [client #5] very closely I noticed that when he is transporting his white chair from his bedroom to living room, he is positioning the back part of the chair against his back that may be causing skin irritation in that area of his back. When carrying his chair he sometimes using his right or left hand and resting the weight of the chair on his back The kitchen hard wood chair he does the same or using both hands because of the weight of it. the pressing and the positioning of the chair against his back along with sometimes bumping walls and door entry in and out of bedroom may have cause some skin irritation but I never saw a dark bruise . . . When I asked about it he said he didn't know what happen."</p> <p>Review on 10/08/21 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 38 year old admitted 11/22/10. - Admission to a State operated psychiatric hospital on 9/17/21. - Diagnoses included Intellectual/Developmental Disability, moderate; Autism; Obsessive Compulsive Disorder. - Risk/Support Needs Assessment dated 9/23/20 included documented history of aggression, property destruction. screaming, cursing, and hitting others. <p>Client #5 was not available for interview as he was receiving treatment in a State operated psychiatric hospital at the time of the survey.</p>	V 115		

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V 115	<p>Continued From page 3</p> <p>Review on 10/08/21 of staff #6's record revealed:</p> <ul style="list-style-type: none"> - Title of Direct Support Professional, hired 2/13/03. - Training in "Understanding Clients' Behavior" completed 2/14/21. <p>During interview on 10/08/21 staff #6 stated:</p> <ul style="list-style-type: none"> - One of his job responsibilities was to ensure the safety of the clients. - There was always another staff present in the facility when he was on duty. - He recalled writing a statement about the bruise on client #5's back. - Client #5 moved his favorite chair from the living room to his bedroom and back to the living room by putting it on his back. - Client #5's balance "was not the best." - Client #5 would also move a wooden chair from the dining room to the kitchen by putting it on his back. - He did not intervene when client #5 moved the chairs on his back because client #5 never had difficulty "carrying" the chairs. - He would not let client #5 carry the wooden chair any longer. - The discolored area on client #5's back was not a bruise; client #5 was very fair skinned and often had discolorations on his skin. <p>Observation on 10/08/21 at approximately 2:15 pm at the facility revealed:</p> <ul style="list-style-type: none"> - A white plastic folding chair in the living room. - The dining room chairs were of wooden construction. <p>Review on 10/08/21 of an undated "Report of Investigation" signed by the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - "... frequent body checks are necessary at this 	V 115		

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V 115	<p>Continued From page 4</p> <p>time. Staff will perform body checks during showers, when they assist CN with clothing changes, and at the start of a new shift. Any bruises, marks, or injuries will be documented on an incident report and verbally reported to QP immediately."</p> <p>During interview on 10/08/21 the Residential Director stated:</p> <ul style="list-style-type: none"> - Client #5 preferred to sit in the white plastic folding chair and would take it to his bedroom. - She did not know why staff did not re-direct client #5 when he picked up the chairs. - She agreed client #5 should not move furniture in the facility. - There were always two staff present in the facility during waking hours. - Staff were instructed to complete and document body checks on client #5. 	V 115		