

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2021
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NAME OF PROVIDER OR SUPPLIER BOWERS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 740 DEEP WOODS DRIVE MARION, NC 28752
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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>A complaint survey was completed on 10/22/21. The complaint (Intake #NC00177407) was substantiated. Complaints #NC00181343, NC00181431, NC00181526 were unsubstantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement treatment strategies based on the needs of the clients, affecting 1 of 1 Former Client (FC #3). The findings are:</p> <p>Review on 9/10/21 of FC #3's record revealed: -Admission date 9/18/15. -Discharge date 10/31/20. -Diagnoses of Moderate Intellectual Developmental Disability, Post-Traumatic Stress Disorder, Anxiety Disorder, Attention Hyperactive Disorder and Seizure Disorder.</p> <p>Review on 9/10/21 of FC #3's Adult Health Risk Assessment dated 9/18/20 completed by the Local Management Entity (LME) revealed: -FC #3 had an extensive safety plan. -He had a history of sexual abuse which exhibited itself in sexualized behavior. -Needs to be addressed included the prevention of sexual aggression, touching his private parts around female staff, being appropriate with housemates, not walking into room uninvited, shaking hands instead of hugging, refraining from using sexual language around housemates and not fondling himself sexually to gain attention by girls.</p> <p>Review on 9/10/21 of FC #3's Provider Plan dated 11/1/20 revealed: -Without receiving prompts - follow his sexual safety plan 100% of the time - use reminders for</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>safety if he fails to meet this goal.</p> <p>-Shake hands rather than hugging, respect personal space, refrain from using sexual language toward females and avoid giving him unwanted attention.</p> <p>Review on 9/10/21 of FC #3's undated Safety Plan revealed:</p> <p>-Supervision- client "...will be in line-of-sight supervision at all times in the home, outside, and in the community."</p> <p>Review on 9/10/21 of the facility incident reports and Incident Response Improvement System (IRIS) report revealed:</p> <p>-On 10/30/20 - "Staff left clients in kitchen area, when came back saw [FC #3] humping another client from behind. [FC #3] had his pants down with his penis exposed, other client had gym shorts on that remained up."</p> <p>Review on 9/10/21 of a Client Behavior Note for FC #3 dated 10/30/20 at 4:00 p.m. revealed:</p> <p>-"What was member doing prior to incident: getting stuff ready to go away for the weekend." -"Member Behavior: I went back to [Client #1's] room to get his elephant for him and when I came back into the kitchen [FC #3] has his pants pulled down and had his penis out and was humping [Client #1] from behind." -End Results: FC #3 was removed from the home and placed elsewhere. The remaining two clients went with the AFL provider for the weekend. -Signed - paraprofessional- Former Staff (FS) #1 and the Qualified Professional (QP).</p> <p>Review on 9/10/21 of Client Specific Training for FC #3 revealed:</p> <p>-FS #1 signed the client's specific training on 7/30/20.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>-The client's treatment plan and safety plan was given to FS #1 and it was reviewed verbally.</p> <p>Interview on 9/13/21 with FS #1 revealed:</p> <ul style="list-style-type: none"> -She started as a live-in staff at the AFL around the end of July or beginning of August 2020. -On the day of the incident she was getting the clients ready for the weekend. -She was "running" between bedrooms getting all their stuff together. -When she came back into the living room/kitchen area she saw FC #3 had his penis exposed. -FC #3 was humping the back of Client #1 who still had his gym shorts on. -She lost line of sight for "...like 30 seconds to a minute." -She was not "...fully aware..." of FC #3's safety plan. -She knew to "...keep an eye on people...didn't know he was constant line of sight...[AFL provider] talked to me after the fact." <p>Interviews on 9/13/21 and 9/28/21 with the QP revealed:</p> <ul style="list-style-type: none"> -He was called after the incident on 10/30/20 and completed the internal investigation. -He directly supervised FS #1. -It was determined physical contact was made, FC #3 indecently exposed himself, and Client #1 was fully clothed during the incident. -FC #3 was immediately removed from the AFL into respite for the evening of 10/30/20 and then placed in an AFL where he was the only client. -FS #1 was aware of the safety plan and treatment plan as he reviewed it with her. -If line of sight was broken by FS #1, "...it wasn't for long." <p>Interviews on 9/29/21 and 10/1/21 with the AFL</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>provider revealed:</p> <ul style="list-style-type: none"> -He remembered telling FS #1 that FC #3 was to remain in line of sight "...right away...August 2020..." -FS #1's living quarters were downstairs, the clients lived upstairs. -He told staff to get herself ready before coming upstairs to wake the clients, because once upstairs she was to not leave their side. -He did not know FS #1 wasn't doing this until after the incident. -He has had FC #3 for 10 years "...without incident." -FS#1 knew to watch him as she had known FC #3 for 20 plus years; "She just plain did not do it. I fired her immediately." <p>Interview on 10/7/21 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He felt safe at his home now. -FC #3 was "messaging" with him - "I didn't like that." <p>Interview on 10/7/21 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He loved living at his AFL home. -He felt safe and there was never a time he did not feel safe. 	V 112		