

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2021
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES GROUP HOME II, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5788 BETHEL CHURCH ROAD MC LEANSVILLE, NC 27301
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/25/21. The complaint was unsubstantiated (intake #NC00180898). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</p>	V 107		

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

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V 107	<p>Continued From page 1</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a complete personnel record was kept for 1 of 3 audited staff (staff #2). The findings are:</p> <p>Review on 10/21/21 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of hire - No evidence of written and signed job description which specified the minimum level of education, competency, work experience and other qualifications for the position and the duties and responsibilities required of the position - No evidence staff #2 met the minimum level of education for the position <p>Interview on 10/25/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - No indication as to why this information was 	V 107		

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V 107	Continued From page 2 not present in staff #2's record.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a complete personnel file was kept for 1 of 3 audited staff (staff #2). The findings are:</p> <p>Review on 10/21/21 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of hire - No evidence staff #2 had completed training in bloodborne pathogens <p>Interview on 10/25/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - No indication as to why this information was not present in staff #2's record. 	V 108		
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 under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 10/21/21 of the facility's fire and disaster drill log book revealed:</p> <ul style="list-style-type: none"> - No evidence any fire drills had been held in the fourth quarter of 2020 (October - December 2020); the first quarter of 2021 (January - March); the second quarter of 2021 (April - June) and the third quarter of 2021 (July - September) - No evidence any disaster drills had been held in the fourth quarter of 2020 (October - December) and first quarter of 2021 (January - March) - One disaster drill was held during the second quarter of 2021 (April - June) with no evidence of any additional drills being held during the same quarter <p>Interview on 10/20/21 with client #1 revealed:</p> <ul style="list-style-type: none"> - He was not responsive when asked if he participated in fire or disaster drills at the facility. <p>Interview on 10/20/21 with client #2 revealed:</p> <ul style="list-style-type: none"> - He had only lived at the group home since July of 2021 - When asked about fire drills, he reported staff had shown him where everything was - "We know how to do it basically every day." <p>Interview on 10/20/21 with client #3 revealed:</p> <ul style="list-style-type: none"> - When asked about fire drills, he stated, "That's the one thing we haven't had yet." - He reported he knew where the exits were and could use them if necessary - When asked about disaster drills, he stated, "We did one not too long ago." 	V 114		

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V 114	Continued From page 5 Interview on 10/21/21 with staff #1 revealed: - Fire and disaster drills were held monthly and at different times (early morning and at night) - The clients understood they were to go outside and wait by "the pole."	V 114		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	<p>Continued From page 6</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure report a Level II incident that occurred during the provision of billable services to the LME (Local Management Entity) within 72 hours of becoming aware of the incident affecting 1 of 4 audited clients (client #1). The findings are:</p> <p>Review on 10/21/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 2/1/21 - Diagnoses of Schizoaffective Bipolar Type and Intellectual Disability, Moderate <p>Review on 10/21/21 of Staff #3's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 1/28/17 as a Paraprofessional <p>Review on 10/21/21 of an in-house incident report revealed:</p> <ul style="list-style-type: none"> - An in-house incident report had been completed by the Qualified Professional (QP) and 	V 367		

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V 367	<p>Continued From page 8</p> <p>documented "...Consumer (client #1) was to become aggressive towards staff (staff #3) when redirected for trying to obtain a cigarette from the ashtray. Law enforcement was contacted and he (client #1) was taken into custody and charged with simple affray..."</p> <p>Review on 10/21/21 of the North Carolina Department of Health and Human Services' Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No evidence an incident report had been submitted to IRIS regarding the events of 8/27/21 <p>Interview on 10/25/21 with the QP revealed:</p> <ul style="list-style-type: none"> - Although she had completed an in-house incident report; she had failed to submit an incident report to IRIS regarding the events of 8/27/21 - She realized she was "going to get dinged" on this. 	V 367		
V 369	<p>G.S. 122C-6 Smoking Prohibited</p> <p>§ 122C-6 SMOKING PROHIBITED; PENALTY</p> <p>(a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area.</p> <p>(b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall:</p> <p>(1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in</p>	V 369		

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V 369	<p>Continued From page 9</p> <p>a red circle with a red bar across it.</p> <p>(2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.</p> <p>(3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.</p> <p>(c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime.</p> <p>(d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to prohibit smoking within the facility. The findings are:</p> <p>Observation on 10/20/21 at 4 pm revealed:</p> <ul style="list-style-type: none"> - No smoking signs posted in the facility - A sign posted on the staff office door which read "You can smoke every two hours." <p>Observations on 10/21/21 between 11:50 am and 12:15 pm of client #5 and #6's bedroom and bathroom revealed:</p> <ul style="list-style-type: none"> - The clients' bedroom smelled of cigarette smoke - Dark flecks of what appeared to be cigarette ashes were in the bathroom sink 	V 369		

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V 369	<p>Continued From page 10</p> <ul style="list-style-type: none"> - A cigarette butt on the second shelf of a shelving unit in the bathroom - A cigarette butt and two handheld lighters (red in color) on top of client #5's dresser - A cigarette butt and a hand held lighter (blue in color) on the floor underneath client #6's bed <p>Interview on 10/21/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Clients were allowed to smoke every two hours - He had told the clients they were to never smoke in their rooms or anywhere else inside the facility - Clients have a designated smoking area outside of the facility to use when they wanted to smoke. <p>Observation at 3:51 pm of an interaction between staff #1 and client #5 revealed:</p> <ul style="list-style-type: none"> - Staff #1 asked client #5 if either he or client #6 had been smoking in their room and why there was a cigarette butt in the bathroom he and client #6 shared - Client #5 denied smoking had occurred in his bedroom or bathroom - Client #5 reported client #6 must have left the cigarette butt in the bathroom - Staff #1 reiterated to client #5 that it was dangerous to smoke in the facility. <p>Interview on 10/25/21 with the QP revealed:</p> <ul style="list-style-type: none"> - Client #6 had been a client of resident of their facilities on more than one occasion and knew he should not smoke inside the facility - The clients were well aware they were not to smoke inside the facility; however, they sometimes "want to smoke where they want to smoke." 	V 369		