

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2021
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NAME OF PROVIDER OR SUPPLIER WILLOW PLACE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 603 LONG STREET WEST JEFFERSON, NC 28694
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on October 26, 2021. The complaint was substantiated (Intake #NC00180090). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.</p>	V 000		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with</p>	V 290	<p style="text-align: center;">RECEIVED NOV 12 2021 DHSR-MH Licensure Sect</p> <p style="text-align: center;">SCANNED NOV 12 2021 MHL & C Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Father B. Malone MSW, Quality Management Director

TITLE

(X6) DATE

11/8/21

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V 290	<p>Continued From page 1</p> <p>one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure a minimum of one staff member was present at all times except when the client's treatment plan documented that the client was capable of being without supervision affecting 2 of 2 current clients (Clients #1 and #2) and 1 of 1 deceased clients (DC #3). The findings are:</p> <p>Review on 8/18/21 of Client #1's record revealed: -Admission date: 8/15/19. -Diagnoses of Unspecified Schizophrenia Spectrum and other psychotic disorder (d/o); Major Depressive d/o, recurrent episode, moderate; Alcohol Use d/o, moderate; Amphetamine-type substance use d/o, severe; and Essential (primary) Hypertension.</p> <p>Review on 8/18/21 of Client #1's Assertive Community Treatment Team (ACTT) assessment</p>	V 290	T	

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V 290	<p>Continued From page 2</p> <p>dated 1/11/21 revealed: -Continued to have trouble focusing and getting motivated to do things. -Ongoing and frequent delusion episodes.</p> <p>Review on 8/18/21 of Client #1's Individual Specific Competencies dated 3/14/20 revealed: -He had 2 hours of unsupervised time, either in or out of the facility, but he seldom used it.</p> <p>Review on 8/19/21 of an email dated 7/12/20 from the Qualified Professional (QP)/Group Home Manager regarding unsupervised time revealed: -Client #1 should have 4 hours of unsupervised time in and outside of the facility.</p> <p>Review on 8/18/21 of Client #1's Person-Centered Profile (PCP) dated 7/12/21 revealed: -There were no goals or strategies addressing the client's ability to be without supervision while in and outside of the facility.</p> <p>Interview on 8/18/21 with Client #1 revealed: -He had unsupervised time but he was not sure how much. -He denied being unsupervised in the home. -He did go for a walk at times, but "not much."</p> <p>Review on 8/18/21 of Client #2's record revealed: -Admission date: 7/26/17. -Diagnoses of BiPolar II d/o, moderate; Post-Traumatic Stress Disorder; and Intellectual Developmental Delay (IDD) Mild.</p> <p>Review on 8/18/21 of Client #2's "Quality Management Assessment for Unsupervised Time" dated 9/26/19 completed by the QP/Group Home Manager revealed:</p>	V 290		

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V 290	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Unsupervised time in the facility - no concerns affecting in facility being different from external time. -Unsupervised time in community - 4 hours. -There were no signatures on the assessment. <p>Review on 8/19/21 of an email dated 6/16/21 from Client #2's guardian revealed:</p> <ul style="list-style-type: none"> -She agreed with increasing the client's free time to 6 hours. <p>Review on 8/18/21 of Client #2's PCP dated 8/13/20 revealed:</p> <ul style="list-style-type: none"> -There were no goals or strategies addressing the client's ability to be without supervision while in and outside of the facility. <p>Interview on 8/18/21 with Client #2 revealed:</p> <ul style="list-style-type: none"> -She had 4 hours of unsupervised time in the facility and in the community. -She did not use it all the time due to Covid-19, work and school. -When she used her free time it was usually to ride her bike or take a walk. <p>Review on 8/18/21 of DC #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date: 3/8/21. -Deceased date 8/6/21. -Diagnoses of Major Depressive d/o, recurrent episode, moderate; unspecified Anxiety d/o; Borderline intellectual functioning; Gastroesophageal Reflux Disease; Gastritis; Hypertension; Hiatal Hernia; Diabetes; Osteoarthritis; Hypercholesterolemia; Irritable Bowel Syndrome; Arteriosclerotic Cardiovascular Disease; Hypothyroidism; Sleep Apnea; Gastroparesis; Colon polyps and Hypogonadism. <p>Review on 8/18/21 of DC #3's most recent Clinical Assessment dated 2/2/21 revealed:</p>	V 290		

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V 290	<p>Continued From page 4</p> <ul style="list-style-type: none"> -He had moderate judgement in his ability to make decisions. -Supervised living, psychiatric services, group and individual therapy and psychosocial rehabilitation were recommended. -There was no assessment to address the client's capability to be unsupervised while in the community. <p>Review on 8/18/21 of DC #3's PCP last updated 3/1/21 revealed:</p> <ul style="list-style-type: none"> -There were no goals or strategies addressing the client's ability to be without supervision when in the community. <p>Review on 8/18/21 of an incident report in the NC Incident Response Improvement System revealed:</p> <ul style="list-style-type: none"> -A level III incident for DC #3 dated 7/27/21. -DC #3 had an accident while driving his moped in town. -He was transported to a hospital where he later died on 8/6/21. <p>Interview on 8/20/21 with DC #3's guardian revealed:</p> <ul style="list-style-type: none"> -She remembered discussing with the QP/Group Home Manager about the client having unsupervised time and she remembered approving it. -She did not remember if it was a verbal conversation for via email. -She had no authority whether the client rode his moped or not. -She felt it was a good thing as this allowed the client to have his independence. <p>Interview on 8/20/21 with DC #3's sister revealed:</p> <ul style="list-style-type: none"> -Based on her discussions with the detective and 	V 290		

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V 290	<p>Continued From page 5</p> <p>the physician's the client had a brain bleed and this was what caused the accident.</p> <p>-She paid to have the client's moped fixed; He had it for a long time, this was what he always did and he looked forward to riding it.</p> <p>-This was how he kept some independence and she was very supportive of this.</p> <p>-She remembered talking with the QP/Group Home Manager and guardian about the client having unsupervised time and she was in agreement with this.</p> <p>Interview on 8/19/21 with the QP/Group Home Manager revealed:</p> <p>-He was a part of the team developing the PCP for clients along with the clinical care home team.</p> <p>-He signed the PCP once the official copy was in the facility.</p> <p>-DC #3 did not have an unsupervised time assessment and it was not in his PCP; "He [DC #3] did not have one-but he should have."</p> <p>-DC #3 was local and knew areas around town better than he did.</p> <p>-Usually he liked to have 30 days to evaluate the client, talk with staff and to the team before making the decision of allowing unsupervised time.</p> <p>-The PCP can be created in their electronic record system now; this was a new system.</p> <p>-He searched for unsupervised time in Client #1 and Client #2's PCP and did not find this.</p> <p>-He was aware if a client was allowed unsupervised time, either in or outside of the facility, it needed to be in the client's PCP.</p> <p>-He ensured staff was aware of client's with unsupervised time during staff meetings once a month and they were also to sign the Individual Specific Competencies for each client which addressed this.</p>	V 290		

**Quality Management
Assessment for Unsupervised Time
Attached to 390.1 Policy for Unsupervised Time**

Name: _____ **Date of Assessment:** _____

Person Completing the Assessment: _____

Place of Residence: _____

Does the individual have a legal guardian? Yes No

(If yes, please attach a copy of the guardianship papers)

Are there any other legal restrictions to unsupervised time? Yes No

(If yes, please attach a copy of documentation)

Does the individual have an HRC-approved Behavior Support Plan? Yes No

(If yes, please attach a copy of documentation)

SAFETY	Not a Factor (0)	Minimal Risk (1)	Significant Risk (2)
<i>Medical Condition that can lead to serious injury or illness.</i>			
<i>Behaviors that pose significant risk to individuals and/or others (physical outbursts, self-injury, inappropriate sexual behaviors, etc.)</i>			
Decision making in emergency situations			
Ability to use electrical appliances without threat of injury			
Medication issues (i.e. ability to self-administer during time alone)			
Ability to lock and unlock doors and windows, use a key			
Phone skills (make outgoing calls, handle incoming calls) Time skills (tell time, match times with activity)			

**Quality Management
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SAFETY (Continued)	Not a Factor (0)	Minimal Risk (1)	Significant Risk (2)
Emergency procedures (evacuate in emergency, react appropriately in severe weather or medical emergency)			
Communication (follow directions, communicate needs)			
Personal safety (accepting help, allowing someone into home, etc.)			
PERSONAL PERSPECTIVE	Not a Concern (0)	Minimal Concern (1)	Significant Concern (2)
Past or current experiences with unsupervised time			
Individual's perspective on being alone/unsupervised			

If either of the first two highlighted elements are 2, consider the safety measures that can be put in place to increase independent activities.

If total score is higher than 5, skills should be developed, added to the Person Centered Plan, and behavior support plan in place as indicated.

Additional Concerns/Comments:

Team Recommendations:

- Unsupervised time recommended in the facility (Provide explanation if score is above 5 or highlighted items are scored 2)**

- Unsupervised time recommended in the community (Provide explanation if score is above 5 or highlighted items are scored 2)**

-

**Quality Management
Assessment for Unsupervised Time
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What skills need to be increased and/or achieved to assist the person move toward more independence?

Signature / Credentials of team member:

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Guardian Signature: _____ **Date:** _____