

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-089 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/02/2021 |
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| NAME OF PROVIDER OR SUPPLIER LINDEN LODGE | STREET ADDRESS, CITY, STATE, ZIP CODE 2251 LINDEN ROAD ABERDEEN, NC 28315 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on December 2, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adult with Mental Illness.</p> <p>The survey sample consisted of audits of three current clients.</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</p> | V 108 | | |

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

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| V 108 | <p>Continued From page 1</p> <p>implement policies and procedures for identifying, 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 interviews the facility failed to ensure three of three audited staff (Staff #4, the Executive Director and Staff #6) met the minimum level of education requirements and received training to meet the needs of the clients as specified in the treatment/habilitation plan The findings are:</p> <p>Review on 12/2/21 of Staff #4's personnel file revealed: -Staff #4 had a hire date of 2/9/18. -Staff #4 was hired as a Group Home Relief Staff. -There was no evidence of a high school diploma or degree. -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Review on 12/2/21 of the Executive Director's personnel file revealed: -She had a hire date of 5/26/21. -She was hired as the Executive Director. -There was no evidence of a high school diploma or degree. -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Review on 12/2/21 of Staff #6's personnel file</p> | V 108 | | |

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| V 108 | Continued From page 2 revealed: -Staff #4 had a hire date of 6/18/21. -Staff #4 was hired as a Direct Support Professional -There was no evidence of a high school diploma or degree. -There was no evidence of mental health/developmental disability/substance abuse training. Interview on 12/2/21 with the Executive Director revealed: -She had not been trained on things that needed to be completed for staff prior of hiring them. -She was not aware that staff had to complete client specific training. -She confirmed the educational credentials and trainings were not in the personnel record. | 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; | V 112 | | |

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| V 112 | <p>Continued From page 3</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> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to have a Person Centered Plan with 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 affecting two of three clients (#1, and #3). The findings are:</p> <p>Review on 12/2/21 of Client #1's record revealed: -Admission date of 3/30/16 -Diagnoses of Schizoaffective Disorder; Other specified Anxiety Disorder. -Client #1 had a Person Centered Plan dated 5/8/20. -Client #1's Person Centered Plan had no current written consent or agreement by the client or responsible party.</p> <p>Review on 12/2/21 of Client #3's record revealed: -Admission date of 6/1/15. -Diagnoses of Schizoaffective Disorder; Other specified Anxiety Disorder -Client #3 had a Person Centered Plan dated 3/8/19.</p> | V 112 | | |

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| V 112 | Continued From page 4 -Client #3's Person Centered Plan had no current written consent or agreement by the client or responsible party. Interview on 12/2/21 with the Executive Director revealed: -She was responsible for completing the Person Center Plans. -She had completed the Person Centered Plan for clients #1 and #3, but clients had not reviewed or signed them. . -She confirmed that the Person Centered Plans for Clients #1 and #3 had no written consent or agreement by the client or responsible party. | V 112 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct disaster drills under conditions | V 114 | | |

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| V 114 | <p>Continued From page 5</p> <p>that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 12/2/21 of the facility's disaster drill log revealed the following: -3/26/21- 1st shift. -6/2/21- 1st shift. -9/2/21- 2nd shift. -There were no disaster drills performed on the 2nd shift for the first quarter of 2021. -There were no disaster drills performed on the 2nd shift for the second quarter of 2021. -There were no disaster drills performed on the 1st shift for the third quarter of 2021.</p> <p>Interview on 12/2/21 with the Executive Director and Staff #4 revealed: revealed: -They had been confused on when and how often the disaster drills had to be conducted. -They had been instructed to do one disaster drill per quarter and to alternate them. -They confirmed the facility failed to conduct disaster drills under conditions that simulate emergencies quarterly and for each shift.</p> | V 114 | | |
| V 131 | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> | V 131 | | |

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| V 131 | <p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on review of records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for three of three staff (Staff #4, the Executive Director and Staff #6). The findings are:</p> <p>Review on 12/2/21 of Staff #4's personnel file revealed: -Staff #4 had a hire date of 2/9/18. -Staff #4 was hired as a Group Home Relief Staff. -There was no documentation of a HCPR check completed for Staff #4 on file.</p> <p>Review on 12/2/21 of the Executive Director's personnel file revealed: -She had a hire date of 5/26/21. -She was hired as the Executive Director. -There was no documentation of a HCPR check completed for the Executive Director on file.</p> <p>Review on 12/2/21 of Staff #6's personnel file revealed: -Staff #4 had a hire date of 6/18/21. -Staff #4 was hired as a Direct Support Professional -There was no documentation of a HCPR check completed for Staff #6 on file.</p> <p>Interview with the Executive Director on 12/2/21 revealed: -She had been hired for the position back in May of this year and no one had informed her that she needed to complete the HCPR's. -She had not been trained on things that needed to be completed for staff prior of hiring them. -She confirmed there was no documentation on</p> | V 131 | | |

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| V 131 | Continued From page 7 file of a HCPR check completed for Staff #4, herself and Staff #6. -A new HCPR request was made for all staff at the group home. | V 131 | | |