

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2021
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NAME OF PROVIDER OR SUPPLIER BRIDGING THE GAP RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 716 POPLAR STREET DURHAM, NC 27703
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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 survey was completed on November 23, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S.</p>	V 500		

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

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V 500	<p>Continued From page 1</p> <p>122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to implement interventions to address behaviors which did not restrict the rights for one of three clients (#2). The findings are:</p> <p>Observation of facility on 11/23/21 at</p>	V 500		

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V 500	<p>Continued From page 2</p> <p>approximately 1:25 pm revealed: -The closet in bathroom #1 was locked. This closet contained clothing for clients #2 and #4.</p> <p>Review on 11/23/21 of General Statue 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional (QP) at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Review on 11/23/21 of client #2's record revealed: -Admission date of 7/6/16. -Diagnoses of Moderate Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder and Allergic Rhinitis. -There was no evidence of a written statement for client #2 detailing restrictions of personal possessions or evidence of an evaluation of each restriction reviewed at least every seven days by the Qualified Professional.</p> <p>Interview with staff #1 on 11/23/21 revealed: -The closet was locked due to client #2's issues with his clothing. Client #2 would go into the closet and pull down all the clothes and tear up the closet. -Client #2 had full access to the closet, they just keep it locked to keep him from constantly going into it. -The closet had been locked for over 6 months. -He confirmed client #2's rights were being restricted.</p>	V 500		

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V 500	Continued From page 3 Interview on 11/23/21 with the Manager revealed: -The closet was locked because client #2 would pull down the clothes in the closet. Client #2 would break the hangers and tear up the closet. -They had been locking the closet for over a year. -She confirmed client #2's rights were being restricted.	V 500		