

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOBSON ROAD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5427 DOBSON ROAD GREENSBORO, NC 27419</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 12/14/2021. The complaint was substantiated (intake #NC183786). 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> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>DEC 29 2021</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p>	V 291		<p>V 291</p> <p>The Qualified Professional will in-service staff and Residential Team Leaders on notification of COVID 19 protocols which includes immediate verbal reports to nursing, Qualified Professional and Regional Administrator. The Qualified Professional will monitor as exposures occur to ensure protocols are being followed. . In the future the Qualified Professional will ensure staff and Residential Team Leaders are aware and report COVID exposures immediately.</p>	
	<p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p>			<p>By: 2/14/22</p>	

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

*Shelia Brown*

TITLE

*Administrator*

(X6) DATE

*12/23/21*

Division of Health Service Regulation

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination with the qualified professionals responsible for treatment/habilitation affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 12/8/2021 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 10/9/2000</li> <li>- Diagnoses: Profound Intellectual Disability; epilepsy; Moyamoya Disease (a rare progressive disease that affects the blood vessels in the brain); osteoporosis; Raynaud's Disease (a rare disorder of the blood vessels usually in the</li> </ul>	V 291		
	<p>fingers and toes that causes the blood vessels to narrow when you are cold or feeling stressed); history of internal and external carotid surgery; benign essential hypertension; upper and lower extremity contractures; muscle spasms; constipation; hyperopia (far-sightedness); seasonal allergies; limited right visual field; history of multiple strokes; and Cerebral Palsy.</p> <ul style="list-style-type: none"> <li>- Documentation of home visit to attend a Thanksgiving gathering on 11/25/2021.</li> </ul> <p>Interview attempt on 12/7/2021 revealed:</p> <ul style="list-style-type: none"> <li>- He was minimally verbal and unable to provide details about his recent exposure to COVID-19.</li> </ul> <p>Interview on 12/10/2021 with Client #1's Guardian revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 required total physical care, could only</li> </ul>			

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V 291	<p>Continued From page 2</p> <p>speak about ten words and would not be able to provide details about his care.</p> <ul style="list-style-type: none"> <li>- She had requested that the facility transport Client #1 for a home visit in order to attend a Thanksgiving gathering on Thursday, 11/25/2021.</li> <li>- Client #1 returned to the facility after the gathering on the same day.</li> <li>- On Sunday, 11/28/2021 she found out that another attendee at the gathering tested positive for COVID-19.</li> <li>- Client #1 had been in a different room than the other attendee at the gathering.</li> <li>- The majority of the attendees at the gathering had tested positive for COVID-19 later.</li> <li>- She had contacted the Former House Manager (FHM) on 11/28/2021 in order to inform her of the possible exposure.</li> <li>- On Monday, 11/29/2021, facility staff allowed Client #1 to ride the transportation bus to his day program.</li> <li>- The transportation service and day program were not notified of the possible exposure.</li> </ul>	V 291		
	<ul style="list-style-type: none"> <li>- The day program had to close for a week because the facility staff did not communicate with the day program.</li> </ul>			
	<ul style="list-style-type: none"> <li>- She spoke to the Qualified Professional (QP) on 11/29/2021, and he did not know about Client #1 having been exposed to COVID-19.</li> <li>- The FHM had worked at the facility for many years, and she did not think that the FHM would have allowed the incident to occur intentionally.</li> </ul> <p>Interview on 12/13/2021 with Client #1's Day Program Staff revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 had arrived at the day program on the morning of 11/29/2021 via a transportation service bus.</li> <li>- Client #1's Guardian called the day program at approximately 11:00am on 11/29/2021 and had been surprised that the facility had sent him that</li> </ul>			

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V 291	<p>Continued From page 3</p> <p>day.</p> <ul style="list-style-type: none"> <li>- Client #1's Guardian reported that she had told the Former House Manager (FHM) on 11/28/2021 that Client #1 may have been exposed to someone at a Thanksgiving gathering who tested positive for COVID-19.</li> <li>- No one from the facility had contacted the day program to notify them of Client #1's exposure to COVID-19.</li> <li>- Because Client #1 had been sent to the day program after exposure to someone with COVID-19, the day program had to close for the entire week.</li> <li>- The closure of the day program impacted 23 total day program clients.</li> </ul> <p>Interview on 12/7/2021 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 was currently in quarantine due to exposure to COVID-19 on Thanksgiving Day, 11/25/2021.</li> <li>- She and another staff had Ported Todd to the Thanksgiving gathering.</li> </ul>	V 291		
	<ul style="list-style-type: none"> <li>- She had been informed of Client #1's exposure when she returned to work on Tuesday, 11/30/2021.</li> </ul>			
	<ul style="list-style-type: none"> <li>- The QP Sent a message to all of the staff on 11/29/2021 informing them that Client #1 had been exposed to COVID-19 and needed to be quarantined.</li> </ul> <p>Interviews on 12/7/2021 and 12/10/2021 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- He worked on 3rd shift at the facility.</li> <li>- He found out about Client #1's exposure to COVID-19 on Monday 11/29/2021.</li> <li>- When someone was exposed to COVID-19, the QP and Nursing staff told the direct care staff what to do.</li> <li>- Communication at the facility was "kind of rough right now" since there was not currently a House</li> </ul>			

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V 291	<p>Continued From page 4</p> <p>Manager working the facility.</p> <p>Interview on 12/14/2021 with the FHM revealed:</p> <ul style="list-style-type: none"> <li>- Her final day working as the House Manager was on 12/4/2021.</li> <li>- She was currently working part time at sister facilities.</li> <li>- She had been working Sunday, 11/28/2021 when Client #1's Guardian contacted her to inform her that he may have been exposed to someone who later tested positive to COVID-19 .</li> <li>- Client #1's Guardian later sent her a text telling her that Client #1 had been in a different room than the person who tested positive.</li> <li>- She had left a message for the Licensee's on call staff to inform them of the exposure but never received a call back.</li> <li>- She had informed 3rd shift of Client #1's possible COVID-19 exposure when her shift ended that evening.</li> <li>- She did not know that Client #1 had been sent to his day program on Monday, 11/29/2021 until after he had already sent.</li> <li>- When she called the QP on Monday, he said that he had already heard from Client #1's Guardian about the COVID-19 exposure.</li> <li>- She thought the mix up about quarantining Client #1 and not sending him to his day program on Monday, 11/29/2021, may have been the result of confusion about whether Client #1 had actually been directly exposed or not.</li> <li>- She acknowledged that she could have "stayed on top of it more."</li> </ul> <p>Interview on 12/10/2021 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- He had just taken on the role of QP at the facility in early November.</li> <li>- The FHM had just stepped down from her position to a part-time position at sister facilities.</li> <li>- Client #1 had gone on a home visit in order to</li> </ul>	V 291		



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V 291	<p>Continued From page 5</p> <p>attend a Thanksgiving gathering on Thursday, 11/15/2021.</p> <ul style="list-style-type: none"> <li>- He did not find out about Client #1's exposure to someone who tested positive for COVID-19 until he received a call from Client #1's Guardian on Monday, 11/29/2021.</li> <li>- When he learned of the exposure, he sent facility staff to pick Client #1 up from his day program.</li> <li>- The FHM should have contacted him when she learned of the exposure.</li> <li>- Prior to this incident, he was not aware of any issues with the FHM's performance.</li> </ul> <p>Interview on 12/14/2021 with the Registered Nurse revealed:</p> <ul style="list-style-type: none"> <li>- She had been on call on the weekend following Thanksgiving.</li> <li>- She had not received a call from the FHM about Client #1 having been exposed to COVID-19.</li> <li>- Had she known of the exposure, Client #1 would have been quarantined immediately, testing done, and he would not have ben allowed to go to his day program.</li> </ul>	V 291		
V 540	<p>Interview on 12/14/2021 with the Regional Vice President revealed:</p> <ul style="list-style-type: none"> <li>- The QP and nursing staff should have been notified when the FHM learned of his possible exposure to COVID-19.</li> <li>- Nursing staff would have addressed the possible exposure if they had been informed of it by the FHM.</li> </ul> <p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p>	V 540		

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V 540	<p>Continued From page 6</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <ol style="list-style-type: none"> <li>(1) opportunity for a shower or tub bath daily, or more often as needed;</li> <li>(2) opportunity to shave at least daily;</li> <li>(3) opportunity to obtain the services of a barber or a beautician; and</li> <li>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</li> </ol> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p>	V 540	<p>V 540</p> <p>The Qualified professional will make contact with Client #1 Day Program to ensure they have current contact information in the case an issue or concern arises. The Qualified Professional will in-service staff on the shift in which client #1 and other clients received baths/showers. In addition staff will be in-serviced on days other personal care should occur and ensuring personal hygiene is completed prior to leaving the group home for the day. The Qualified Professional will monitor through routine observations to ensure client #1 and all clients' personal hygiene is being completed. The Qualified Professional will contact client #1 Day Program via email or phone one time a week for a month and then on a routine basis to ensure Client #1 personal hygiene is being completed prior to leaving the group home. In the future the Qualified Professional will ensure all clients have the right to dignity are assisted in hygiene, bathing, and grooming.</p>	
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	<p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure the right to dignity and humane care in the provision of personal health, hygiene and grooming affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 12/8/2021 of Client #1's record revealed: - Admission date: 10/9/2000 - Diagnoses: Profound Intellectual Disability; epilepsy; Moyamoya Disease (a rare progressive disease that affects the blood vessels in the brain); osteoporosis; Raynaud's Disease (a rare</p>		<p>By: 2/14/22</p>	
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V 540	<p>Continued From page 7</p> <p>disorder of the blood vessels usually in the fingers and toes that causes the blood vessels to narrow when you are cold or feeling stressed); history of internal and external carotid surgery; benign essential hypertension; upper and lower extremity contractures; muscle spasms; constipation; hyperopia (far-sightedness); seasonal allergies; limited right visual field; history of multiple strokes; and Cerebral Palsy.</p> <p>Review on 12/14/2021 of progress notes from Client #1's Day Program revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 had arrived at the day program with dried urine and/or feces in his diaper on 8/30/2021, 10/15/2021, 10/25/2021, 11/4/2021, 11/8/2021, 11/9/2021 and 11/10/2021.</li> <li>- Client #1's nails and hair were poorly groomed on 10/21/2021.</li> </ul> <p>Interview attempt on 12/7/2021 revealed:</p> <ul style="list-style-type: none"> <li>- He was minimally verbal and unable to provide details about his care.</li> </ul>	V 540		
	<p>Interview on 12/10/2021 with Client #1's Guardian revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 required total physical care, could only speak about ten words and would not be able to provide details about his care.</li> <li>- The Former House Manager (FHM) had been giving Client #1 a crew cut every month, but she was no longer working at the facility.</li> <li>- Client #1 needed to have his hair washed every day.</li> <li>- Over the past month, Client #1's hair had been full of dandruff.</li> <li>- Client #1 had a Hoyer lift in his bedroom to assist facility staff in providing physical care for him.</li> </ul> <p>Interview on 12/13/2021 with Client #1's Day</p>			



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V 540	<p>Continued From page 8</p> <p>Program Staff revealed:</p> <ul style="list-style-type: none"> <li>- There had been several occasions that Client #1 had arrived at the day program with soiled diapers.</li> <li>- Client #1's nails and hair had not been cared for on several occasions as well.</li> <li>- Client #1's hair was very oily.</li> <li>- The facility had a new Qualified Professional (QP), but the day program had not had any contact with him.</li> <li>- There had not been any issues with Client #1's grooming when the previous QP had been at the facility.</li> </ul> <p>Interview on 12/7/2021 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 required hands on care for all of his needs.</li> <li>- 3rd shift normally gave Client #1 his shower.</li> <li>- Client #1's hair was washed daily because he had a prescription shampoo he had to use.</li> <li>- Nail care was done every Tuesday.</li> <li>- Haircuts were done every Wednesday.</li> <li>- There had not been any issues with Client #1's grooming that she was aware of.</li> </ul> <p>Interviews on 12/7/2021 and 12/10/2021 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- He usually worked 3rd shift.</li> <li>- 1st and 2nd shifts were supposed to give Client #1 a bath.</li> <li>- 3rd shift staff would "wipe him (Client #1) down" and get him ready to go to his day program in the mornings.</li> <li>- The FHM used to cut Client #1's hair, but it had probably been 2 or 3 weeks ago when he last received a hair cut.</li> <li>- 2nd shift was supposed to wash Client #1's hair and complete his nail care.</li> <li>- He had not seen any issues with Client #1's grooming.</li> </ul>	V 540		

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V 540	<p>Continued From page 9</p> <p>Interview on 12/14/2021 with the FHM revealed:</p> <ul style="list-style-type: none"> <li>- Client #1's nails were supposed to be trimmed weekly.</li> <li>- Client #1 was supposed to get a shower and have his hair washed every day.</li> <li>- Facility staff had received in-service training during the past summer about Client #1's grooming and hygiene needs.</li> <li>- She had not heard any complaints about Client #1's grooming or hygiene.</li> </ul> <p>Interview on 12/10/2021 and 12/14/2021 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- He had just taken on the role of QP at the facility in early November.</li> <li>- When he first went to the facility, he had talked to facility staff about ensuring that hair cuts and nail care were done regularly.</li> <li>- He had not ben aware that Client #1 had been sent to the day program with soiled diapers and poor hygiene.</li> <li>- He had not received any communication from the day program about Client #1's grooming.</li> </ul> <p>Interview on 12/14/2021 with the Regional Vice President revealed:</p> <ul style="list-style-type: none"> <li>- The QP had just recently started working at the facility.</li> <li>- Some of the issues with Client #1's grooming and hygiene had occurred before the QP started.</li> <li>- All issues related to Client #1's personal care and grooming would be addressed and corrected immediately.</li> </ul>	V 540		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

December 22, 2021

Shelia Shaw, Regional Administrator  
RHA Health Services NC, LLC  
1701 Westchester Dr., Ste. 940  
High Point, NC 27262

Re: Annual and Complaint Survey Completed December 14, 2021  
Dobson Road Home, 5427 Dobson Road, Greensboro, NC 27419  
MHL# 041-538  
E-mail Address: sshaw@rhanet.org  
Intake #NC183786

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed December 14, 2021. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

#### **Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

#### **Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February 14, 2022.

#### **What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

#### **MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW  
Facility Compliance Consultant I

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Mental Health Licensure & Certification Section

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Cc:   DHSR\_Letters@sandhillscenter.org  
Pam Pridgen, Administrative Assistant