

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2022
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NAME OF PROVIDER OR SUPPLIER EL OGDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 129 EL OGDEN DRIVE WILMINGTON, NC 28405
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 24, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to hold disaster drills at least quarterly on each shift, or fire drills that simulated fire emergencies. The findings are:</p> <p>Review on 1/7/22 of the facility "Emergency Drill Report" of fire and disaster drills from 1/1/21 -</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>1/7/22 revealed: -Shift times for fire and disaster drills were as follows: -6 am - 2 pm (1st shift) -2 pm - 10 pm (2nd shift) -10 pm - 6 am (3rd shift) -1st Quarter (1/1/21 - 3/31/21): 3rd shift fire drill documented 1/28/21 at 10:05 pm by Staff #9. -3rd Quarter (7/1/21 - 9/30/21): 3rd shift fire drill documented 7/25/21 at 10:05 pm by Staff #9. -4th Quarter (10/1/21 - 12/31/21): -3rd shift fire drill held by Staff #9 on 11/28/21 at 5:45 am documented, "simulated putting [client #2] in chair." -No disaster drills documented for the following shifts/quarters: -1st shift/1st Quarter 1/1/21 - 3/31/21. -3rd shift/2nd Quarter 4/1/21 - 6/30/21. -2nd shift/3rd Quarter 7/1/21 - 9/30/21. -3rd shift/4th Quarter 10/1/21 - 12/31/21. -"External Threat" drills were documented 3/30/21 at 1:17 pm, 6/30/21 at 5:37 am, 9/28/21 at 7 pm, and 11/28/21 at 5:53 am.</p> <p>Interview on 1/10/22 Staff #9 stated: -She held the fire drill 11/28/21 at 5:45 am and did not evacuate client #2 from the home because there was no other staff on site to help lift the client. -When she held fire drills on the night shift she did not have the clients to leave the house; "they just go to the door." -During the daytime the clients would go outside during a fire drill.</p> <p>Interview on 1/7/22 the Group Home Manager stated: -He typed the "Emergency Drill Report" directly from what staff reported to him about a drill they had held.</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>-He did not keep any other documents that recorded details of emergency drills other than the "Emergency Drill Report" that he printed from his computer.</p> <p>-The "External Threat" drills "... would be like someone breaking into the home."</p> <p>-Staff #9 did not evacuate client #2 during the fire drill she held on 11/28/21.</p> <p>-He had discussed the 11/28/21 fire drill with Staff #9 and suggested to evacuate client #2 through his window in the event of a fire.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5602 Staff (Tag V290) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 114		
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</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>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 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 observation, interview, and record review, the facility failed to ensure staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs affecting 1 of 3 clients audited (client #2). The findings are:</p> <p>Cross Reference: 10 A NCAC 27G .0207 Emergency Plans and Supplies (Tag V114): Based on record review and interview, the facility failed to hold disaster drills at least quarterly on</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>each shift, or fire drills that simulated fire emergencies.</p> <p>Review on 1/10/22 of client #2's record revealed: -24 year old male admitted 10/30/21. -Diagnosis was choreoathetoid cerebral palsy. -Admission assessment dated 11/1/21 documented: -extensive support was required when transferring from his wheelchair and used a wheelchair to ambulate. -client #2 chose to have his bed on the floor so he could get to and from the floor on his own; he had more control of his feet and could manipulate some objects with his toes, though he still required extra time and effort to work with his feet. -Risk Support Needs Assessment dated 1/7/21 documented client #2 required full physical assistance with personal care; was able to eat once food was placed in his mouth; required total assistance to brush his teeth because he could not control his hands or hold his head still; and, required support to evacuate the home in the event of a fire.</p> <p>Review on 1/7/22 of the facility fire and disaster drills between 10/30/21 and 1/7/22 revealed: -Fire drill held by Staff #9 on 11/28/21 at 5:45 am documented, "simulated putting [client #2] in chair." -Fire drill held by Staff #6 on 12/30/21 at 1:15 pm documented, "Client difficult to lift with two people. Very very hard." -Tornado drill held by Staff #6 on 12/30/21 at 1:00 pm documented, "Client difficult to lift Need two people to lift client."</p> <p>Observations and interview of client #2 on 1/11/22 at 2:30 pm revealed:</p>	V 290		

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V 290	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Client #2's front window was a double hung window that measured 39" wide, 52" tall with the bottom sash that measured approximately 27 inches high. (This would be the size of the opening if the window were opened.) The window seal measured 27 inches from the floor. -Client #2 was sitting on his floor; his extremities and head were in continuous random, spastic motion. -Client #2's bed was positioned at floor level. -Client #2 stated he remembered the fire drill; it "did not go well," and the staff did not "strap me in" his wheelchair. <p>Interview on 1/10/22 Staff #6 stated:</p> <ul style="list-style-type: none"> -She had worked at the facility almost 4 years as a Direct Support Professional. -She worked varying shifts to include the evening and night shifts. -There was a staff that worked with client #2 up to about 6 pm or 6:30 pm every day. -After client #2's staff left there would be 1 staff on duty until 8:00 am the following morning. -She was involved in the 12/30/21 emergency drills with Staff #2 and Staff #3. -The drill was "so difficult; [client #2] was screaming." -If it had been a "real fire" she believed the staff and client#3 would have died; client #2 was "dead weight," and difficult to lift. -The response from the manager was for staff to evacuate client #2 through his bedroom window. -They would not have been able to evacuate client #2 through his bedroom window. -A physical therapist had showed her one time how to use client #2's lift. -The physical therapist told the staff the lift required 2 people and to never try to use the lift alone. 	V 290		

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V 290	<p>Continued From page 6</p> <p>Interview on 1/10/22 Staff #9 stated: -She held the fire drill on 11/28/21 at 5:45 am. -She did not evacuate client #2 on 11/28/21 because there was no other staff on site to help her lift the client from the bed. -She had been instructed after the 11/28/21 fire drill that she was to "ease him (client #2) out of his window" for night fire drills. -She would rather try to get client #2 in his wheelchair rather than evacuate him through the window. -To her knowledge, no one had ever tried to take client #2 out through the window.</p> <p>Interview on 1/7/22 Staff #3 stated: -He worked 1:1 with client #2. -They had done 1 fire and disaster drill with client #2 and "it was very rough getting [client #2] out." -It took 2 staff to lift client #2, "he is dead weight," and not able to assist in a transfer.</p> <p>Interviews on 1/7/22 and 1/10/22 the Group Home Manager (GHM) stated: -The Regional Director did the preadmission screening and admission assessment of client #2. -He was made aware of the potential admission of client #2 "around April or May" in 2021. -Client #2 and his father visited the facility on 7/1/21 to meet the staff and look at the available bedroom. The Regional Director was on site during the visit. -Client #2's lift was installed about a week before he was admitted. -He arranged for a physical therapist familiar with client #2 to come on site November 6 and 7, 2021 to train staff on how to use the patient lift and demonstrate how to use the lift to get client #2 onto the shower chair. -The physical therapist said to use 2 persons to</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>lift client #2 with the lift device.</p> <p>-He (GHM) had told staff to never use the lift with 1 person.</p> <p>-They have 2 staff on day shift and in the afternoon until about 6:30 pm, then 1 staff on duty until 8:00 am the following day.</p> <p>-The staff tried to get all of client #2's personal care done before the second staff left each day .</p> <p>-Following the 11/28/21 fire drill, he had "shared some ideas" with Staff #9 on how to evacuate client #2 which were to "guide him (client #2) to the chair or guide him out the window."</p> <p>-Client #2 would get "real nervous" sometimes and "he got very nervous during the drills."</p> <p>-Staff #9 told the GHM she did not evacuate client #2 during the 11/28/21 fire drill but she was capable of doing this.</p> <p>-He (GHM) believed 1 staff could get client #2 out of the facility in the event of a fire.</p> <p>-In the event of a fire the staff had been told if they could not evacuate client #2 using his wheelchair, they were to take him out the window.</p> <p>-The GHM thought it was reasonable and doable to evacuate client #2 through his window.</p> <p>Review on 1/11/22 of the Plan of Protection dated 1/11/22 and completed by the GHM revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? We will immediately have two staff on at all times."</p> <p>- "Describe your plans to make sure the above happens: Two staff will be on shift at all times to assist and ensure safety. The staff will to be instructed to notify Group Home Manager if a staff does not show up."</p> <p>Client #2 was a 24 year old male admitted on 10/30/21 with a diagnosis of choreoathetoid cerebral palsy. Prior to admission client #2's Risk</p>	V 290		

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V 290	Continued From page 8 Support Needs Assessment documented his physical limitations to ambulate and/or use his upper extremities, and his needs for extensive support to transfer from bed to wheelchair, and support to evacuate the home in the event of fire. The facility installed a lift device that required 2 staff to operate, but staffed with one person on duty from 6:00 pm - 6:30 pm until 8:00 am daily. Two staff were required to transfer client #2 during the day shift fire and tornado drill on 12/30/21, while the 1 staff on duty did not attempt to evacuate client #2 during the night shift fire drill on 11/28/21 because there was no other staff to assist. The GHM had instructed the staff if they were unable to evacuate client #2 by lifting/transferring him to his wheelchair, to lift and evacuate him, instead, through the bedroom window. Client #2's bed was maintained at floor level. There was no additional equipment to enable 1 staff to lift/transfer client #2 through a window that was 27 inches above the floor, and, when opened, approximately 39" wide and 27 inches high. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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V 736	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Review on 1/10/22 of client #2's record revealed: -24 year old male admitted 10/30/21. -Diagnosis was choreoathetoid cerebral palsy. -A wheelchair was used to ambulate.</p> <p>Observations on 1/7/22 between 11:10 am - 11:30am, 1/10/22 between 1:55 pm - 3:00 pm, and 1/11/22 between 1:55 pm - 3:00 pm revealed: -A metal ramp approximately 36 inches wide and long was leaning up against the exterior wall on the front porch. -The step down at the front door from inside the living room to the front porch was approximately 12 inches. -Access to the rear facility exit was through the sunroom that connected to the kitchen through an interior sliding glass door. -On 1/10/22 Staff #6 was not able to open the sliding glass door between the kitchen and sunroom. -The floor track of the interior sliding door was bent in several places. -The Group Home Manager (GHM), after several attempts, forced the sliding door open, forcefully moved the door back and forth several times until it would open easily. -Paint worn from surfaces of the hall bathroom baseboards and door frame. -No globe in place to cover the ceiling fan light in</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>client #2's bedroom.</p> <p>-Floor covering in client #1's bathroom detached behind the toilet; amber colored spatter stains on walls by the toilet; and, 1 side of a metal toilet paper holder had been removed from wall leaving a hole in the wall.</p> <p>Interview on 1/10/22 Staff #6 stated:</p> <p>-The sliding glass doors from the kitchen to the sunroom and from the sunroom to the back yard were difficult to open.</p> <p>-Staff were told a ramp would be built before the client #2 was admitted but the ramp provided had to put down when needed and removed when not in use because the front door would not close if left in place.</p> <p>Interviews on 1/10/22 and 1/11/22 the Group Home Manager stated:</p> <p>-There had been a discussion at client #2's treatment team meeting about the need for a ramp but there was not funding at present.</p> <p>-The ramp on the front porch was not needed to exit; they took client #2 out using his wheelchair without using the ramp and there had been no issues.</p> <p>-The interior sliding glass door had been repaired several times and he would follow up on having it repaired again.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		