| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL034-374 | A. BUILDING: _____ B. WING _____ | R 01/31/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DISABILITY MANAGEMENT SERVICES | 3365 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27105 |

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| V 000 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on 1/31/22. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.<br><br>The survey sample consisted of audits of 2 current clients. | V 000 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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. | V 112 | | |

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| V 112 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to develop a current treatment plan for 1 of 2 surveyed clients (#1). The findings are:<br><br>Review on 1/31/22 of client #1's record revealed:<br>- Admission date: 8/1/2011<br>- Diagnoses: Intellectual Disability, Moderate and Educational Problems<br>- There was not a treatment plan in client #1's record.<br><br>Interview on 1/28/22 with client #1 revealed:<br>- He could not provide any information about his treatment plan goals.<br><br>Interview on 1/31/22 with the Licensee revealed:<br>- He was responsible for completing the treatment plan for client #1.<br>- He had not completed a treatment plan for client #1 since 2018.<br>- "I thought the old one (treatment plan) was sufficient because nothing has changed, and no one comes to check on [client #1] over here." | V 112 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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. | V 114 | | |

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| V 114 | Continued From page 2<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to hold fire and disaster drills quarterly and repeatedly on each shift. The findings are:<br><br>Review on 1/31/22 of the fire and disaster drills completed for the past year revealed:<br>- Fire Drills:<br>- "4/2/21 at 11:30/2nd " - did not indicate am or pm<br>- "7/6/21 at 7:30/1st"- did not indicate am or pm<br>- 12/24/21 at 7 pm/2nd<br>- Disaster Drills:<br>- 9/8/21 at 5:30 pm/2nd<br><br>Interview on 1/31/22 with the Licensee revealed:<br>- He thought he was supposed to do fire drills every 3 months.<br>- "I don't do the disaster drills as often as I do the fire drills." | V 114 | | |
| V 290 | 27G .5602 Supervised Living - Staff<br><br>10A NCAC 27G .5602 STAFF<br>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) | V 290 | | |

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| V 290 | Continued From page 3 | V 290 | | |

of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.
(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.
(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:
(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
(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.
(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:
(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
(2) the services of a certified substance

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| V 290 | Continued From page 4<br>abuse counselor shall be available on an as-needed basis for each client.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, interviews and observation, the facility failed to document that the client is capable of remaining in the home or community without supervision affecting 1 of 2 clients (client #2). The findings are:<br><br>.Review on 1/31/22 of client #2's record revealed:<br>- Admission date: 1/17/13<br>- Diagnoses: Mild Intellectual Disability and Schizoaffective Disability<br>- Review of client #2's Person Centered Profile (PCP) dated 7/1/21: There were no goals or strategies that addressed unsupervised time.<br>- There was not an assessment for unsupervised time in client #2's record.<br><br>Observations from approximately 2:48 pm- 3:29 pm on 1/31/22 of client #2 and Licensee revealed:<br>- Client #2 was dropped off at the group home at approximately 2:28 pm by the Day Program van driver and client #1 entered the group home alone.<br>- The Licensee arrived at approximately 3:29 pm<br><br>Interview on 1/31/22 with the Licensee revealed:<br>- He left the group home to go pick up client #2 at work.<br>- Client #1 had stayed alone "every once in a while" if he had to go to a doctor's appointment.<br><br>Interview on 1/31/22 with client #1 revealed:<br>- He stayed by himself in the group home "every | V 290 | | |

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| V 290 | Continued From page 5<br>once in a while."<br>- When he stayed by himself in group home, it was usually for about 1 hour. | V 290 | | |