

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-836	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/17/2022
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME AND COMMUNITY SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 413 NORMANDY STREET CARY, NC 27511
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 2/17/22. The complaint was substantiated Intake #NC00179962. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>The survey sample consisted of audits of 3 current clients</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</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>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop treatment plans in partnership with the clients legally responsible person affecting 2 of 3 audited clients (#5 & #6). The findings are:</p> <p>A. Review on 11/10/21 & 2/15/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/4/20 - diagnosis of Bipolar - treatment plan dated 5/26/21 <p>During interview on 11/10/21 client #5's guardian reported:</p> <ul style="list-style-type: none"> - had not participated in any treatment team meetings - client #5's peer support worker would send the treatment plan to her for signatures - would like to participate in treatment team meetings - needed to discuss a budgeting goal - client #5 was a chain smoker and spent his money on cigarettes <p>B. Review on 11/9/21, 11/10/21 & 2/15/22 client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/6/20 - diagnoses of Diabetic Ketoacidosis, Acute Metabolic Encephalopathy and Schizophrenia - treatment plan dated 5/24/21 	V 112		

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V 112	Continued From page 2 During interview on 11/10/21 client #6's guardian reported: - would like to be part of treatment team meetings - needed to discuss supervision concerns During interview on 2/7/22 the Qualified Professional reported: - guardians were invited to participate in treatment team meetings - due to the pandemic, guardians were not as involved with the completion of the plan - she usually made phone contact to invite guardians to participate in treatment team meetings - will document her contacts with guardians in the future	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.	V 114		

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly, on each shift and on conditions that simulated emergencies. The findings are:</p> <p>Review on 2/16/22 of the facility's fire and disaster logs revealed:</p> <ul style="list-style-type: none"> - "12/21/21 - staff had residents meet in living room. Residents explained to staff what to do in case of fire...discussed fire safety and what exits to take...designated meeting places..." - "1/21/22 - staff called for fire drill...discussed different exits...in case of a fire. Residents gave satisfactory answers..." <p>During interview on 2/7/22 client #1 reported:</p> <ul style="list-style-type: none"> - no fire drills were done recently - if there was a fire, he would call the fire department - would use the fire extinguisher to put the fire out - forgot what to do during a tornado <p>During interview on 9/17/22 client #2 reported:</p> <ul style="list-style-type: none"> - 3 years at the facility - fire drills were done "here and there" - met at the end of the street for fire drills - disaster drills were not often done - had a bad storm one evening and decided to meet in the bathroom <p>During interview on 9/17/21 client #3 reported:</p> <ul style="list-style-type: none"> - 2 years at facility - fire drills were done twice a year - met at the end of the driveway - tornado drills were not done - he would go inside the bathroom 	V 114		

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V 114	<p>Continued From page 4</p> <p>During interview on 2/7/22 client #4 reported:</p> <ul style="list-style-type: none"> - no fire drills had been done - if there was a fire he would exit the facility - they practiced tornado drills in the bathroom <p>During interview on 2/7/22 staff #1 reported:</p> <ul style="list-style-type: none"> - last completed a fire drill in November 2021 outside - a fire drill was done inside the facility one time during the month of December 2021 & one time January 2022 - been too cold for the clients to go outside - the clients met at the exit door of the facility & he spoke to them about safety during a fire - he asked the clients: "What would you do if it was a fire? Would you go out the window..door?" - did one tornado drill in October 2021 - all clients went to the bathroom, got down on floor and covered their head <p>During interview on 2/15/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - had not reviewed any drills at the facility - she and the Licensee were responsible for ensuring drills were completed <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 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</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>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 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>	V 290		

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V 290	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 6 clients (#4, #5 & #6) had a staff present at all times except when the client's treatment plan documented the client was capable of remaining in the facility unsupervised. The findings are:</p> <p>A. Review on 10/8/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/30/21 - diagnoses of Acute Psychosis & Paranoid Schizophrenia - treatment plan dated 5/1/21 with no documentation of unsupervised time in the facility <p>Left message for client #4's guardian on 2/8/22...no return phone call by exit date (2/17/22)</p> <p>B. Review on 11/10/21 & 2/15/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/4/20 - diagnosis of Bipolar - treatment plan dated 5/26/21 with no documentation of unsupervised time in the facility <p>During interview on 11/10/21 client #5's guardian reported:</p> <ul style="list-style-type: none"> - does not have any unsupervised time in the facility or the community - had a peer support worker that walked with him in the community <p>C. Review on 11/9/21, 11/10/21 & 2/15/22 client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/6/20 - diagnoses of Diabetic Ketoacidosis, Acute Metabolic Encephalopathy and Schizophrenia - treatment plan dated 5/24/21 with no 	V 290		

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V 290	<p>Continued From page 7</p> <p>documentation of unsupervised time in the facility</p> <p>During interview on 11/10/21 client #'s 6 guardian reported:</p> <ul style="list-style-type: none"> - she went to the facility in August 21, 2021 & found no staff present in the facility - client #6 does not have unsupervised time in the facility - there were several other clients there - contacted the owner of the facility and left a message - had made at least 4 visits since August 2021 and found clients alone in the facility - client #6 was capable of having at least 1 hour of unsupervised time in the facility but it had not been discussed <p>During interview on 9/17/22 client #2 reported:</p> <ul style="list-style-type: none"> - 3 years at the facility - staff #1 been at facility for last 2 years - staff #1 left them at the facility to run to the store sometimes <p>During interview on 9/17/22 client #5 reported:</p> <ul style="list-style-type: none"> - been at the facility for one year - no unsupervised time in the facility or community - about 2 months ago staff #1 went to see a sick family member in the hospital - he left the clients in the facility that morning and returned at lunch - staff #1 rarely left them in the facility alone - his peer support worker went on vacation and would not return until 9/21/21 - walked to the store to get cigarettes on 9/10/21 <p>During interview on 9/17/21 client #3 reported:</p> <ul style="list-style-type: none"> - 2 years at the facility - had unsupervised time in the facility 	V 290		

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V 290	<p>Continued From page 8</p> <ul style="list-style-type: none"> - staff #1 may run to the store or bank but came right back - all the clients were left in the facility without staff - staff was gone and hour to 45 minutes <p>During interview on 9/17/21 staff #1 reported:</p> <ul style="list-style-type: none"> - always at the facility - does not have a vehicle to go anywhere - a family member took him to the store if he needed anything - the clients without unsupervised time went with him <p>During interview on 2/15/22 & 2/17/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she was not aware of any clients left unsupervised in the facility - made pop up visits to the facility and staff was present - there was one occasion when staff #1 had an family emergency and had to leave the facility - the facility's owner arrived to the facility and staff was present - client #4, #5 & #6 had no unsupervised time in the facility 	V 290		