

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2022
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NAME OF PROVIDER OR SUPPLIER BRIGHTSIDE HOMES IV	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 EGYPT MOUNTAIN ROAD KITTRELL, NC 27544
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 2/16/22. The complaint (Intake #NC00182677) was unsubstantiated. The complaint (Intake #NC00182889) was substantiated. 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 suvey sample consisted of audits of 2 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 ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p>	V 114		

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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>Review on 1/31/22 of the facility's fire/disaster drill log revealed:</p> <ul style="list-style-type: none"> - Fire drills completed: 12/31/21 at 8am, 11/20/21 at 10pm and 10/30/21 at 10am - Did not show any fire drills completed in the middle of the night (11pm - 7am). - No disaster drills completed in the facility. <p>Interview on 1/31/22 the Administrator stated:</p> <ul style="list-style-type: none"> - This is a live-in shift for 2 weeks on and 2 weeks off. - Hadn't done any disaster drills since opening the group home. - Hadn't done any fire drills in the middle of the night. - Didn't know why disaster drills hadn't been completed. - Disaster drills were "just something that staff skipped." <p>Interview on 2/16/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - 24/7 Live-in staff 2-3 weeks on and 1-2 weeks off - All staff had been trained on when and how to do fire/disaster drills. - She didn't understand why they haven't been doing them on every shift. - She was going to make sure that every staff was re-trained. 	V 114		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment.</p>	V 513		

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V 513	<p>Continued From page 2</p> <p>These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a respectful and least restrictive environment for 2 of 2 clients (#1, #2). The findings are:</p> <p>Observation on 1/31/22 at 2:00pm, revealed the kitchen pantry had a key lock on it to prevent clients from being able to open it without a key. The Licensee unlocked the pantry with a key.</p> <p>Interview on 1/31/22 client #1 stated:</p> <ul style="list-style-type: none"> - He had to ask her for snacks and staff would unlock it and get it for him. <p>Interview on 1/31/22 client #2 stated:</p> <ul style="list-style-type: none"> - He could get snacks when he asked for them 	V 513		

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V 513	<p>Continued From page 3</p> <p>and staff would unlock the door.</p> <p>Interview on 1/31/22 staff #1 stated:</p> <ul style="list-style-type: none"> - Been working in this facility for a week. - Clients can get snacks if they ask for it. <p>Interview on 1/31/22 the Licensee stated:</p> <ul style="list-style-type: none"> - Pantry is kept locked and the clients have to ask for a snack. - The clients will "overindulge" all day if the pantry is not locked. <p>Interview on 2/10/22 Former Staff #2 stated:</p> <ul style="list-style-type: none"> - There was a cabinet in the kitchen that they kept locked. - The clients would have to ask for snacks and he would get it. - He was given a key to the pantry when he first started working and was told the pantry needed to stay "locked up." <p>Interview on 2/4/22 & 2/16/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Not aware of the pantry being locked. - She had never seen "anything locked up" when she visited the group home. - Would talk to the Licensee about putting other measures in place to address this. 	V 513		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 1/31/22 at 2:00pm revealed:</p> <p>Bedroom #1</p> <ul style="list-style-type: none"> - 3 out of 5 light bulbs weren't working <p>Bathroom #1</p> <ul style="list-style-type: none"> - Small round clusters of black spots at the top of 2 walls close to the ceiling - Toilet paper holder was broken and a piece of it was missing - Several small to medium nail holes in the wall beside the toilet <p>Backyard</p> <ul style="list-style-type: none"> - Big broken metal frame (look like a tent) sitting on the concrete patio <p>Interview on 1/31/22 the Administrator stated:</p> <ul style="list-style-type: none"> - She was in the process of having the repairs completed 	V 736		