

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	DHSR - Mental Health  <b>OCT 11 2021</b>  <b>Lic. &amp; Cert. Section</b>	(X3) DATE SURVEY COMPLETED  C <b>09/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD HOLLY SPRINGS, NC 27540</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000	INITIAL COMMENTS	W 000	<p>The facility will ensure that an onsite medical Assessment by the nurse is completed promptly, within 24 hours of notification of an injury / bruise to ensure timely treatment and with optimal health status of individuals served.</p> <p>QIDP and Supervisor of Nursing will in service the contract Nurse on the responsibility to conduct an onsite assessment of client injury and or bruises within 24 hrs of notification by group home staff, in accordance with facility policy and procedures.</p> <p>The Nurse will complete an onsite medical assessment of all clients injuries/ bruises, within 24 hrs of notification from the group home staff. The nurse will seek necessary treatment or referral for clients to address the injury or bruises as applicable. The nurse will complete documentation in the client's record to reflect timely assessment , referral, and treatment of any injury, bruise, or any such change in the client's medical status.</p> <p>QIDP will follow up with the nurse within 24hrs to ensure the completion of an onsite assessment in the event of client injury/ bruises.</p> <p>The QIDP, RD, and or QA will monitor incidents weekly that reflect client injuries or bruises to ensure continued compliance.</p>	11/23/2021
W 322	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to obtain a medical assessment in a timely manner for client #1. This affected 1 of 6 audit clients. The finding is:</p> <p>A review on 9/23/21 of a General Event Reports (GER) dated 9/10/21, revealed that on 9/3/21 at 6:30 PM, Staff A observed client #1 with a bruise on the right leg while assisting him with a bath. Staff A reported that client #1 admitted to scratching himself. Additional information on the report, filled out by Life Skill Coach (LSC) revealed that the cause of the bruise was self-injurious behaviors. The bruise was minor with multi-coloration and 2 cm x 1 cm x 0 cm in size. Treatment was not recommended.</p> <p>Review on 9/23/21 of text messages between the guardian of client #1 and the Assistant Resident Manager (ARM) revealed the following conversations:</p> <p>On 9/7/21 at 12:51 PM the ARM received a text from the guardian who relayed client #1 asked if the doctor was going to look at his bruise. The guardian asked the ARM to follow up with an appointment for the injury. The guardian expressed that she was unsure if the injury hurt</p>	W 322		

*Jonny DeWitt* PP

10/16/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 2MY411 Facility ID: 945339 If continuation sheet Page 1 of 3

PRINTED: 10/01/2021 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>TROTTERS BLUFF</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 AVENT FERRY ROAD</b> <b>HOLLY SPRINGS, NC 27540</b>		
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W 322	<p>Continued From page 1</p> <p>client #1 but "think it would be good to document." The Qualified Intellectual Developmental Professional (QIDP) responded to the guardian that the nurse was present; and would look at injury today.</p> <p>On 9/8/21 at 8:31 AM, the ARM notified the guardian that client #1 had an appointment to see the physician on 9/9/21.</p> <p>Review on 9/23/21 of a Physican Exam revealed on 9/9/21 client #1 had a Telehealth visit with the physician for a contusion on lower leg and epilepsy. The summary contained 1 of 4 pages and did not have an examination of client #1's leg. There was no information if the physician made recommendations for treatment of the injury.</p> <p>Review on 9/23/21 revealed a Quarterly Nursing Report dated 9/14/21. The nurse went to the home to assess client #1's injury from 9/3/21. The nurse found the right inner knee had old bruising.</p> <p>Interview on 9/23/21 with the ARM revealed she saw the bruise on client #1's leg on 9/3/21. The ARM said the bruise looked old, by color (bluish-yellow) and had a scab on it. The ARM said that she notified the guardian on 9/3/21 in advance of her 9/4/21 visit with client #1.</p> <p>Interview on 9/23/21 with the nurse revealed that she does not always travel to the home to examine a bruise, that was described by staff as "no big deal." The nurse acknowledged that she wrote notes in client #1's chart, while at the office on 9/7/21 but did not go to the home to examine the injury until 9/14/21.</p>	W 322	
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W322	<p>Continued From page 2</p> <p>Interview on 9/23/21 with the QIDP revealed that the facility failed to request a doctor's exam for client #1 initially because "we did not think he needed medical attention." The QIDP also confirmed that the nurse did not travel to the home to examine the bruise on client #1 until 9/14/21.</p> <p>Interview on 9/23/21 with the Regional Director (RD) revealed that it was the nurse's responsibility to examine a client's bruise in person within 24 hours. The RD further stated the nurse makes the call if there is a need for medical attention.</p>	W322		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 4, 2021

Ms. Julia Johnson, Regional Director  
Community Innovations  
1100 Holly Springs Road, Suite 100  
Holly Springs, NC 27540

Re: Complaint Investigation Survey September 23, 2021  
Trotters Bluff, 912 Avent Ferry Road, Holly Springs, NC 27540  
Provider Number 34G283  
MHL# 092-131  
E-mail Address: [jjohnson@communityinnovations.com](mailto:jjohnson@communityinnovations.com)  
Complaint Intake #NC00181095

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the complaint investigation survey completed on September 23, 2021.

Enclosed you will find the deficiency cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiency found, the time frames for compliance and what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Standard level deficiencies were cited.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is November 23, 2021.

**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.
- 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 CMS-2567 Form.

**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.ncdhs.gov/dhsr](http://www.ncdhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 1, 2021  
Trotters Bluff  
Ms. Julia Johnson

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 deficient practices have been corrected. If we can be of further assistance, please call Esther Moore at 919-612-8832.

Sincerely,



Esther Moore, BSW, QIDP  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: [DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)

10/6/2021

To whom it May concern,

Thank you for coming out to survey our home. Please find the attached deficiency report with the corrections on it. Thank you.

Tonya Beckwith, QIDP