

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HUFFINES GROUP HOME

**3372 HUFFINES DRIVE
BURLINGTON, NC 27217**

(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) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on February 3, 2022. The complaint was substantiated (Intake #NC00184810) A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 5 current clients.	V 000	Plan of Correction The following actions were taken immediately and thereafter following the report of the incident at the Huffines Group Home involving [REDACTED] <ul style="list-style-type: none"> QP Quanate Neal has been re-assigned at the Huffines Group Home to utilize the office as her "on site" work space as of Jan. 6th 2022. This action provides direct support and monitoring in the home of individuals and direct support professionals. As of November 23, 2021, Senior Staff workers Alcora James and Jean Headen have been assigned to Huffines to observe and help as needed (in particular, the early morning 6a-9a shift) to offer support and ensure programs are implemented appropriately. New Electric Razors have been purchased for every individual (except one, who cannot use an electric razor and for this reason, he received a regular 	1/6/22
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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		11/23/21

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Thomne McCray

TITLE

CRS Dr.

DHSR - Mental Health

(X6) DATE

3/15/22

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews, observation, and record review, the facility failed to develop and implement strategies to address self injurious behaviors for one of five clients (#1). The findings are:</p> <p>Review on 1/25/22 of client #1's record revealed: - admitted on 10/3/11 - diagnoses of Autistic Disorder, Moderate IDD (Intellectual and Developmental Disabilities), Hyperlipidemia, Anxiety Disorder - a past history of anxiety, characterized by wringing, talking more quickly, fixating on dark thoughts and increased agitated behaviors. Additionally, there have been incidents where client #1 became upset, cut up his clothes, and then flooded the bathroom toilet.</p> <p>Review on 1/25/22 of client #1's Person Centered Plan (PCP) dated 2/1/21 revealed: -"Goal #3 [Client #1] will have behavioral monitoring and his staff will have the necessary training to ensure his safety How and How Often (service/frequency) - SCS (Specialized Consultative Services) need to remain in place to continue to address problem behaviors and to ensure that staff is properly trained on behavior plan implementation."</p> <p>Review of 1/27/22 of the facility's Behavior Support Plan for client #1 dated 10/11/21</p>	V 112	<p>blade razor) at the group home to ensure proper grooming. Razors will be kept in a locked closet in the Huffines office. As monitoring is occurring, the safety of the razors is being observed.</p> <ul style="list-style-type: none"> Behavior Support Plan re-training on all individuals was administered by RSL Behavioral Specialist Karla Green, BCBA, to all Huffines staff and verifications signed on 01/25/22 & 02/01/22. Post training monitoring was completed by psychology department to ensure BSP is being effectively implemented. Cameras have been installed in the Huffines group home for better monitoring and observation of individuals and staff in the common areas of the home. All equipment (audio monitors, door alarms & chimes) has been checked and are in good working condition. The QP assigned to the home will continue to monitor all safety equipment. 	<p>1/25/22</p> <p>2/1/22</p>

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V 112	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - Preventive and Positive Component: - "At least two times per shift for 10-15 minutes, staff should provide [client #1] with 1:1 attention." - Property Destruction: - "In order to prevent [client #1] from cutting up his clothing or other objects of value, all scissors, all types of knives, and any sharp objects should be locked up at all times. [Client #1] should be monitored closely if he needs to use a sharp object, and the object should be returned to the locked area when he is done using it." <p>Review on 1/27/22 of client #1's hospital Discharge Summary dated 12/25/21 revealed:</p> <ul style="list-style-type: none"> - "[Client #1] was seen for multiple areas of abrasions. These could be consistent with persistent scratching in the same area. Could be another explanation but not obvious on exam. The lower wounds appear to have surrounding redness that could be consistent with cellulitis. - Please continue to cover with over-the-counter antibiotic or petroleum jelly and bandages. Please take doxycycline twice a day for next 7 days as prescribed." <p>Observation on 1/28/22 at approximately 5:00pm of client #1's finger nails revealed:</p> <ul style="list-style-type: none"> - All fingernails with the exception of his thumbs were approximately an inch or more in length. <p>Review on 1/28/22 of client #1's injury photos revealed:</p> <ul style="list-style-type: none"> - Picture #1: One long open abrasions and a round open abrasion on the top of his left foot. - Picture #2: Approximately 5 round red open lifted abrasions on his stomach area. - Picture #3: A long open partially scabbed abrasion on the side of his leg right below his calf 	V 112	<ul style="list-style-type: none"> • Training on how to properly observe a group home and document an observation for the CRSS QP Team was done on 10/28/2021. • CRSS QP Team have been sent out multiple times to observe the Huffines group home in the mornings and evenings. • Unannounced monitoring has been completed and will continue as assigned by RSL administrative staff. All monitoring results will be shared with VP of CRSS, Director of CRSS, and QP of the home. • Team Meeting regarding the incident with [REDACTED] at Huffines was completed on January 5, 2022, a plan of action to address the incident was developed and forwarded to CRSS Director to be implemented. On January 27, 2022, the Huffines team met to review the implementation of plan of correction, additional monitoring and safety protocols to address new SIB behaviors for [REDACTED] 	<p>10/28/21</p> <p>1/5/22</p> <p>1/27/22</p>

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STATE FORM

6899

GZJE11

If continuation sheet 3 of 9

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V 112	<p>Continued From page 3</p> <p>During an interview on 1/31/22 staff #1 stated:</p> <ul style="list-style-type: none"> - She acknowledged working on December 24, 2021 when client #1's mother picked him up for a home visit. - "We are responsible in assisting him with bathing his back when he needs assistance. I assisted him with bathing the morning of December 24, 2021, but I didn't see any marks on his body. We are required to check for marks, but we are not required to document." - "I forgot that [client #1] was not allowed to leave the facility with clothes other than what he was wearing. I forgot and allowed him to leave with extra clothes." - "His mother was also aware of the restriction, but didn't say anything." - "We are required to do a bedroom check on [client #1] throughout the night. We don't always document our bedroom checks." <p>During an interview on 1/31/22 staff #2 stated:</p> <ul style="list-style-type: none"> - She confirmed working on December 24, 2021. The day when client #1's mother picked him up for a home visit. - "I was doing an overnight, so I was sleep the morning he was picked up by his mother." - "We are responsible in keeping close supervision on [client #1]. We are not required to document our monitoring of [client #1]." - "I was unaware of any marks on [client #1's] body prior to leaving for his home visit." <p>During an interview on 1/28/22 client #1 stated:</p> <ul style="list-style-type: none"> - "I scratched my body with my nails mostly at night, but sometimes during the day." - "I injured myself at the group home not on my home visit." - He confirmed that none of the staff knew he was injuring himself. 	V 112	<ul style="list-style-type: none"> • Staff will continue to follow RSL Accident/Injury procedure when reporting any marks and/or bruises found on individuals. <p>Plan of Corrections post incident:</p> <p>On 12/24/21, [redacted] went home for therapeutic leave and did not return to the group home.</p> <p>On 1/27/22, from the guardian reports, the IDT Team met and reviewed Client #1's changing behavioral needs in the group home and identified strategies to address concerns.</p> <p>On 2/1/22, IDT Team learned about the family's decision for [redacted] not to return to the group home and he was discharged.</p> <p>Due to the discharge, changes to the BSP were not necessary.</p>	<p>12/24/21</p> <p>1/27/22</p> <p>2/1/22</p>

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> - "I did not use a razor." - "I injured myself in my room." - He confirmed staff was at the group home, but they didn't always check on him. <p>During an interview on 1/25/22 client #1's father stated:</p> <ul style="list-style-type: none"> - "[Client #1's] mother picked him up from the group home on December 24, 2021 at approximately 8:00am." - "His mother called me the afternoon of December 24, 2021 to inform me of his injuries. She took pictures and sent them to me. She showed me bloody socks, cuts, bruises, and scratches. I took him to the ER (Emergency Room) for evaluation on December 25, 2021. The doctor couldn't determine the cause of his injuries." - "I have D/C (Discharge) paperwork I will give you a copy of the pictures and documentation." - "The doctor stated the injuries was done within 48 hours." He acknowledged he did not have the statement from the doctor in writing. - "I found three razors in his bag he brought home from the group home. He was not supposed to bring anything from the group home during home visits. This was written in his Behavioral Plan." - "I measured the marks on his body and it measured perfectly with the length of the razor. I think he cut himself with a razor from the group home. They were supposed to keep all sharp objects secured and locked up." - "He was with me on a home visit a week prior to the incident on December 24, 2021, and there were no marks on his body. He had to injure himself between December 20, 2021 through December 23, 2021 at the group home." - "I'm concerned that they are not supervising my son. They also are not following the Behavioral Plan developed by the treatment team for him." 	V 112	<ul style="list-style-type: none"> On 2/15/22, Huffines group home conducted a House Meeting/Training regarding how to properly report Accident/Injuries RSL Psychology team will continue to monitor on a monthly basis. On 2/23/22, staff were trained by RSL RN on the check in/out facility procedure. A form is being developed for monitoring and documentation for any areas of concern pre and post out of facility visits. 	<p>2/15/22</p> <p>2/23/22</p>