

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2022
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NAME OF PROVIDER OR SUPPLIER WILLIAMSON AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 529 WILLIAMSON AVENUE ELON, NC 27244
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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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 4, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 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 reviews and interviews the facility failed to conduct quarterly fire drills for each shift under conditions that simulate emergencies. The findings are:</p> <p>Review on 3/4/22 of the facility's fire drill log revealed:</p>	V 114	<p>Plan of Correction</p> <ul style="list-style-type: none"> Staff will be required to fax in fire and disaster drills when they are completed every month. QP will document drills monthly to ensure proper rotation of the quarterly requirement is being fulfilled. 	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sharon McGary* TITLE *CBSA DIR.*

(X8) DATE *3/24/22*

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -2/25/22- 1st shift -2/22/22- 2nd shift -1/14/22- 1st shift -1/27/22- 3rd shift -12/22/21- 1st shift -12/28/21- 2nd shift -11/23/21- 2nd shift -11/30/21- 3rd shift -8/31/21- 2nd shift -7/28/21- 2nd shift -6/28/21- 1st shift -5/26/21- 2nd shift -4/27/21- 2nd shift -3/26/21- 2nd shift <p>-There were no fire drills for 1st and 3rd shift in the first quarter of 2021.</p> <p>-There were no fire drills for 3rd shift in the second quarter of 2021.</p> <p>-There were no fire drills for 1st and 3rd shift in the third quarter of 2021.</p> <p>Review on 3/4/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -11/29/21- 2nd shift -11/24/21- 2nd shift <p>-There were no disaster drill for 1st, 2nd and 3rd shift in the first quarter of 2021.</p> <p>-There were no disaster drill for 1st, 2nd and 3rd shift in the second quarter of 2021.</p> <p>-There were no disaster drill for 1st, 2nd and 3rd shift in the third quarter of 2021.</p> <p>-There were no disaster drill for 1st shift and 3rd shift in the forth quarter of 2021.</p> <p>Interviews on 3/4/22 with the Vice President over Residential Services revealed:</p> <ul style="list-style-type: none"> -Agency had stopped making the fire and disaster drills in 2021. -They had resumed doing the drills in October of 2021 after being cited at another facility. 	V 114		
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NAME OF PROVIDER OR SUPPLIER
WILLIAMSON AVENUE GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**529 WILLIAMSON AVENUE
ELON, NC 27244**

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V 114	Continued From page 2 -He confirmed the facility failed to conduct fire drills for each shift and for each quarter.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118	<ul style="list-style-type: none"> VP and Director retrained Williamson staff on proper documentation of MAR. MAR's will be checked on a weekly basis and gradually move to a monthly basis as improvement occurs. QP's will ensure all updated orders are in med book. 	

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on records review, observations, and interviews the facility failed to have updated physician orders for administered medications affecting one of three audited clients (#1.) The findings are</p> <p>Review on 3/4/22 of Client #1's record revealed: -Admission date of 2/15/21. -Diagnoses of Personal History of Traumatic brain Injury; Irritability; Abnormal Gait; Aphasia Gait; Aphasia Expressive; Urinary Incontinence; Spasticity Multi- UE Contractures. Allergic to Codeine and paper tape.</p> <p>Review on 3/4/22 of Client #1's physician's orders revealed: -Order dated 2/17/21: -Miralax Powder, Mix 17 gm in 8 ounces of liquid daily as needed for constipation. -Orders dated 2/22/21: -Melatonin 5 mg, Take one tablet at night at bedtime. -Fish Oil 1200 mg, Take one capsule three times daily. -There were no orders for Trazodone 50 mg, Take one tablet at night at 10:00 PM.</p> <p>Observation on 3/4/22 at of Client #1's medications revealed: -Miralax Powder was available. -Melatonin 5 mg was available. -Fish Oil 1200 mg was available.</p> <p>Review on 3/4/22 of Client #1's MAR for January 2022 through March 2, 2022 revealed: --Miralax Powder was listed and marked as given</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>from January 2022 through March 2, 2022. -Melatonin 5 mg was listed and marked as given from January 2022 through March 2, 2022. -Fish Oil 1200 mg was listed and marked as given from January 2022 through March 2, 2022.</p> <p>Interview on 3/4/22 with the Vice President over Residential Services revealed: -Agency relied on the pharmacy to give them a copy of the client's physician orders. -Physicians were not giving them the client's prescriptions, but instead were sending the orders electronically to the pharmacy. -Pharmacist would call the client's physician to renew their medications. -He confirmed some of the physician orders on record for Clients #1 had expired. -He confirmed that the facility failed to have physician orders for administered medications.</p>	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training</p>	V 536	<p>Plan of Correction</p> <ul style="list-style-type: none"> • QP will be retrained on Alternatives to Restrictive Interventions by April 15th, 2022. 	

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V 536	<p>Continued From page 5</p> <p>based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing 	V 536		

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V 536	<p>Continued From page 6</p> <p>means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (#1) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/4/22 of the Qualified Professional's personnel records revealed: -She had a hire date of 6/11/18. -She was hired as Assistant Director II of CRS Services. -Training on Alternatives to Restrictive Intervention expired on 8/31/19.</p> <p>Interview on 3/4/22 with the Human Resources Director revealed: -The group home was using "NCI +-Restrictive" for training in Alternative to Restrictive Interventions. -She reported that trainings had been put on hold due to COVID-19 situation and agency not wanting to bring in anyone and perhaps get someone sick. -The Qualified Professional had originally brought in her own training on alternatives to restrictive interventions. -Agency had started to provide trainings again. -She confirmed the Qualified Professional did not have an updated training on Alternatives to Restrictive Intervention.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 9</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 3/4/22 at about 12:16 PM of the Bathroom with walk in shower revealed: -Significant mold/mildew was observed inside the shower stall on the grout between tiles from the wall and the floor. -Running board on wall next to the shower had water damage and was rotten.</p> <p>Interview on 3/4/22 with staff #1 revealed: -She had tried to get rid of the mold/mildew from between tiles with different products, but it never went away. -She had informed management about it.</p> <p>Interview on 3/4/22 with the Vice President over Residential Services revealed: -Home belonged to the Department of Housing and Development (HUD.) -HUD was responsible for making most repairs. -Agency was responsible for basic maintenance and cleaning. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p>	V 736	<ul style="list-style-type: none"> See attached work order #27112. Maintenance has contacted flooring company to replace rotting wood floors/mold/mildew by April 30th, 2022. 	

Labor Item Added

by Jeff Johnson on Mar 9, 2022, 2:25 PM

A labor item was added:

- **Who** Jeff Johnson
- **Date Worked** Mar 09, 2022
- **Start Time** 1:15 PM
- **Stop Time** 2:00 PM
- **Duration** 0 hrs, 45 min
- **Labor Rate** RSL Nonbillable

[PRIVATE]

Checked shoe mold is rotten Went ahead and patch on the wall

Details

Quantity	Item	Description/Notes	Date	User	Type
0.00	RSL Nonbillable	Labor at houses/vehicles not to be billed.	Mar 16, 2022	Ashley Braxton	labor
0.75	RSL Nonbillable	Labor at houses/vehicles not to be billed.	Mar 9, 2022	Jeff Johnson	labor



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RECEIVED

By cvhicks at 3:18 pm, Mar 24, 2022

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