

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2022
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NAME OF PROVIDER OR SUPPLIER RAWLS ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 190 RAWLS ROAD ANGIER, NC 27501
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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>A complaint survey was completed on 2/28/22. The complaint was substantiated (intake #NC00185322). A deficiency was 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 2 current clients.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p>	V 291		

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

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services for one of two audited clients (#3). The findings are:</p> <p>Review on 2/16/22 of client #3's record revealed: - Admission: 8/20/18 - Diagnoses: Intellectual Development Disability, Adjustment Disorder, Diabetes, and Hypertension</p> <p>Review on 2/16/22 of the local hospital's discharge summary for client #3 dated 2/3/22 revealed: - "Follow up with psychologist visit after today's discharge, schedule therapy for [client #3] 7 days after discharge."</p> <p>Review on 2/16/22 of a progress note for client #3 dated 2/2/22 revealed: - "Call was made to psychiatric family nurse practitioner in reference to [client #3's] stay at the local hospital. Informed her that [client#3] will be discharged on tomorrow, 2/3/22 and that follow up appointment will be scheduled for 7 days after tomorrow's discharge."</p> <p>Interview on 2/16/22 the Home Manager stated: -Client #3 had no scheduled therapy appointments or any other doctor appointment -There were no appointments on the calendar for the month of February for client #3</p> <p>Interview on 2/23/22 the Behavioral Specialist</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>stated:</p> <ul style="list-style-type: none"> -Client #3 had not had a follow up appointment -He was aware of the discharge recommendations -The nurse was responsible for scheduling the therapy and psychologist appointments -Had worked with the local management entity (LME) to switch psychologist to the company psychologist, waiting for the switch to make an appointment -The LME had been the hold up with the switching of doctors, "we need authorization before we can proceed." -There had been some miscommunication with the staff and the LME, with the scheduling of client #3's appointments <p>Interview on 2/23/22 the Registered Nurse stated:</p> <ul style="list-style-type: none"> -She was aware of the discharge recommendations -Her assistant would schedule the therapy and psychologist appointments -Client #3 was scheduled for therapy appointments, unsure of when the appointments were -There had been meetings about the switch of the doctors, still waiting on authorization from the LME <p>Interview on 2/24/22 the LME Care Coordinator stated:</p> <ul style="list-style-type: none"> -Was unaware of the discharge recommendations and follow up appointments -Client #3 could have continued to see her current psychologist until the authorization approval process was completed <p>Interview on 2/23/22 the Qualified Professional (QP)/Administrator stated:</p> <ul style="list-style-type: none"> -She was filling in as the QP until she hired 	V 291		

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V 291	Continued From page 3 someone for the position -She was aware of the follow up recommendations dated 2/3/22 -She was apart of the team meetings to discuss the change of the psychologist -Client #3's appointment was scheduled for March 2, 2022 at 8:30am, which was the first available appointment -Unsure of when the appointment was scheduled	V 291		