

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 3/11/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and observations, the facility failed to develop and implement treatment goals and strategies to address the clients' current needs for 3 of 3 clients (Client #1, #2, #3). The findings are:</p> <p>Observation on 3/3/22 at 11:45am revealed: -The entrance and front of the home were very clean, well decorated and absent of any odors. Once the door to the game room downstairs was opened, a strong urine odor was abounding. Client #1 and Client #2's bedrooms were through the game room down a short hall. The pungent ammonia smell filled in entire bedroom/game room area. Client #1 was in her room sitting in a motorized wheelchair tilted back slightly. Her legs were pulled up close to her body near the seat of the chair. Every minute or two she would scream out for a couple seconds. Her arms were mostly close to her body but she moved them to the arms of the wheelchair and back across her body. She had a urine catheter bag hanging in the front of her chair. There was no facial expression and no eye contact even when this surveyor softly rubbed her knee. Her mattress was on the floor against the wall and surrounded by padding on the open sides. The bed clothing was neat and colorful. Client #2 was in his room with only a brief on; no shirt and no pants. He was sitting quietly curled up in a chair in his room. Only a blanket was</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 2</p> <p>sprawled out on a bare plastic mattress on the floor.</p> <p>Client #3 was in his room sitting in his chair listening to music. He was clean and appropriately dressed.</p> <p>Review on 3/4/22 of Client #1's record revealed: -Date of admission -5/29/19 -Diagnoses: Scoliosis, Chronic Kidney Disease Unspecified, Moderate Intellectual Disabilities, Celiac Disease, Down Syndrome, Hypothyroidism, Ventral Hernia, Supra Pubic Catheter, history of acute Renal Failure and Dementia. -MCO (managed care organization) treatment plan dated 6/1/21 revealed: Client #1 needs assistance ambulating and uses an adaptive spoon to feed herself. Client #1 can write names and phone numbers and can copy anything that is written for her. Client #1 has a good range of motion and maintains a walking program for cardio health. Client #1 sees a gastroenterologist regularly for her gluten sensitivity and difficulty with restrictions in her throat and swallowing. Client #1 requires a pureed diet to ensure she does not choke on her food. Client #1 also had a catheter placed in June of 2014 due to urethral stricture. -Provider Treatment plan dated 6/1/21 included the following goals: with 55% success rate Client #1 will develop better communication skills each day with less than 7 VPs(verbal prompts); with 45% set as success rate, Client #1 will work on increasing her home maintenance skills independently; with 45% success rate Client #1 will work on increasing her social skills every day and may receive up to 7 VPs; with 60% success rate Client #1 will work on using appropriate mealtime manners daily and may receive up to 3 VPs per trial; with 65% set as success rate Client</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>#1 will assist in picking outfits daily with no more than 1 VP per trial; with 50% success rate Client #1 will get completely in the bed every night with no more than 8 VPs; with 95% set as success rate Client #1 will work on keeping her hands sanitized during the day; with 95% success rate Client #1 will work to understand and follow community and house rules for safety; residential supported personal care needs will be provided to Client #1 daily.</p> <p>-Goal data documentation revealed Client #1 refused all prompts to all goals beginning 12/1/21 through 3/2/22.</p> <p>-There was no update to the plan with goals or strategies to address Client #1's currently functioning level.</p> <p>-Review on 3/7/22 of notes from Nurse Practitioner (NP) revealed: -12/22/21- "This 60 year old female brought in today because of leg pain and knee swelling for about 2 weeks. Patient can not unbend her leg without having pain. She has not been ambulating and has a habit of folding her left leg under her ...she has started to decrease her food intake. She no longer talks or actively participates in activities." -1/4/22-"Patient here today for mobility evaluation ...she is confined to a wheelchair and without it, her caregivers would be forced to carry her ...she will also need a hospital bed ...her urine output has decreased because she isn't taking in much orally."</p> <p>Review on 3/4/22 of Client #2's record revealed: -Date of admission -12/4/18 -Diagnoses: Severe Intellectual Disability, Autism, Anxiety Disorder Not Otherwise Specified, Intermittent Explosive Disorder. -MCO treatment plan dated 1/1/22 revealed:</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>Client #2 has developed gestures and sounds to communicate some of his needs. Client #2 is good at following directions and is typically calm. He enjoys being in his room more than he enjoys being around the other clients in the home. He enjoys having his own space. Client #2 is schedule dependent; he doesn't like for his schedule to change. Client #2 sleeps on a mattress on the floor. AFL has made many attempts to use a bed for him but he will rip off the mattress and move it to the floor. He also requires supports in all aspects of daily living, personal care, and safety. Client #2 wears briefs always and will not use the toilet.</p> <p>-Provider Treatment Plan dated 1/1/22 included the following goals: with 75% set as success rate Client #2 will properly dispose of his undergarments with 3 verbal prompts; with 75% set as a success Client #2 will work to open and close the doors when entering and leaving the house; with 80% set as success rate Client #2 will work towards not running from place to place; with 85% set as success rate Client #2 will place laundry in the hamper; with 85% success rate Client #2 will develop better communication skills (pointing/grunting) when asked about his needs each day; with 90% success rate Client #2 will place all dirty dishes in their designated area; Client #2 will have his personal care needs met to ensure his health safety and well-being.</p> <p>-There was no update to the plan with goals or strategies to address Client #2's urinating in his room.</p> <p>Review on 3/4/22 of Client #3's record revealed: -Date of admission - 8/15/19 -Diagnoses - Profound Intellectual Disability, Acne Vulgaris, Inguinal Hernia, Blindness, Seizure Disorder, Osteoporosis, Cyst Posterior, Echolalia, history of Constipation.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 5</p> <p>-MCO plan dated 7/1/21 revealed: Client #3 is completely blind, so he needs for things to remain in the same place for safety. He also requires supports in all aspects of daily living, personal care, and safety. He can use the toilet but has multiple accidents throughout the day & night. He enjoys sitting in his room listening to TV, playing his piano, singing or listening to his radio. Client #3 also has increased toileting accidents and is unable to use the restroom without assistance. Client #3 requires full assistance with bathing in the shower. Client #3 will attempt to hit people if he's irritated or upset. He will yell and scream when he is angry. Client #3 is up and down throughout the night and has to be monitored for safety.</p> <p>-Provider Treatment Plan dated 7/1/21 included the following goals: with 50% success rate Client #3 will develop better communication skills each day; with 75% success rate Client #3 will interact with peers at least x1 daily; with 75% set as success rate, Client #3 will work on using appropriate mealtime manners and supports daily; with 65% success rate, Client #3 will work on oral hygiene practices by brushing his teeth in the morning and at bedtime; with 95% success rate Client #3 will work on keeping his hands sanitized during the day (after bathroom visits and before meals); with 95% success rate Client #3 will work to understand and follow community and house rules of safety; residential supported personal care needs will be provided to Client #3 daily.</p> <p>-There were no goals or strategies to address Client #3's wandering out of his room throughout the night.</p> <p>Interview on 3/3/22 and 3/9/22 with Staff #1 revealed: -Goals they are actually running with Client #1 are</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 6</p> <p>trying to get her not to scream because she would scream constantly and not to pull on her tubes. "We just redirect her constantly. Screams and pulls more when she's bored or agitated." Staff #2 puts his hand on her forehead and Staff #1 will rub her checks. Client #1 loves music and is not picky. She used to like baby dolls but pays no attention to them now.</p> <p>-Client #1's ISP (Individual Support Plan) meeting is scheduled the end of this month. They don't currently have a lot of goals to be run with Client #1.</p> <p>-"I've always come up with the goals for our people."</p> <p>-They alternate sleeping because Client #3 gets up and wanders around the house. She and Staff #2 would swap each week who would stay up at night. Sometimes they both just sleep but they're light sleepers. Their daughter's bedroom is right next to Client #3's. If he goes into her room she just guides him back to his room.</p> <p>-Client #2 loves his room and doesn't like to be around new people. They are looking for non-toxic way to keep his room clean.</p> <p>-Client #1's previous Nurse Practitioner comes to change catheter monthly. Current doctor said it's responsibility of kidney doctor and kidney doctor said its primary care responsibility.</p> <p>Interview on 3/3/22 with Staff #2 revealed: -Client #2 won't use a pillow or sheets. He will throw them all off the bed. He has a blanket on the plastic covered mattress. "Typically, he gets up in the morning, strips, rips up his diaper and pees all over his room. He wears 3 diapers overnight because he pees so much."</p> <p>Interview on 3/4/22 with the Qualified Professional (QP) #1 revealed: -She had only been the QP for Client #1 since</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 7</p> <p>June 2021.</p> <ul style="list-style-type: none"> -The previous QP (QP #2) wrote the current treatment plan dated 6/1/21. -Client #1 was assisted with walking. Her legs weakened until she was unable to walk and began using Deceased Client (DC) #4's wheelchair. -The wheelchair company came out to measure but Medicaid denied the wheelchair. -She was aware Client #1's skills had declined but was not aware she needed to update the plan. <p>Interview on 3/4/22 with QP #2 revealed:</p> <ul style="list-style-type: none"> -Staff #1 and Client #1's guardian were involved in creating goals and she had written the treatment plan dated 6/1/21. "[Client #1] was able to do those things when the plan was written." -She was the QP until June 2021. She went out on maternity leave 1/1/22. -"Caregivers did not report to me that [Client #1] has decompensated to the point of being non-ambulatory." -She knew Client #1 had swallowing difficulties but did not know about the feeding tube. -Her current duties included monitoring and oversight of medications and medical guidance. -Didn't recall seeing an order for hospital bed or wheelchair. <p>Interview on 3/10/22 with the CEO #1 revealed:</p> <ul style="list-style-type: none"> -"If there are changes with a member or their goals, they (the QPs) need to change the (clients') plan." -They (Licensee) send reminders to caregivers to report any changes to clients. -She completed annual evaluations for QPs to personally discuss issues/concerns like supervision of staff, writing notes and updating 	V 112		

Division of Health Service Regulation

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V 112	Continued From page 8 plans. This deficiency is cross referenced into 10A NCAC 27G.5603 Operations (V291) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. 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.	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination with other qualified professionals responsible for client's treatment for 3 of 3 clients. (Clients #1, #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0205(c) Assessment and Treatment Planning (V112) Based on record reviews and observations, the facility failed to develop and implement treatment goals and strategies to address the clients' current needs for 3 of 3 clients (Client #1, #2, #3).</p> <p>Cross Reference: 10A NCAC 27G.0303(c) Facility and Grounds Maintenance (V736) Based on observations and interviews, the facility staff failed to ensure the facility and its grounds were maintained in a safe, clean, orderly and attractive manner and kept free from offensive odors.</p> <p>Review on 3/10/22 of Alternative Family Living (AFL) Services Agreement signed by Staff #1 on 12/8/20 revealed: -"AFL responsibilities ... -management of clients' medical and health needs in coordination with CCHC (Community Companion Home Care/Licensee) and LME (local managing entity/managed care organization) Care Coordinator. (Complete documentation regarding each medical appointment and ensure all medication orders are included in the client's record) ... -Community Companion Home Care responsibilities ... -General Services-To provide mental health and developmental disabilities services, including but</p>	V 291		

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V 291	<p>Continued From page 10</p> <p>not limited to: emergency intervention and support services to each client ...to provide a Qualified Professional for each placed client, to coordinate service for each client...to monitor progress ...to provide a liaison ...between the service provider and the LME care coordinator and in general provide or arrange for consultation, training and support services including respite as provided in the client's plan of care."</p> <p>Record review on 3/4/22 for QP #1 revealed: Date of Hire- 5/17/21</p> <p>Record review on 3/10/22 for QP #2 revealed: Date of Hire - 8/20/18</p> <p>Review on 3/10/22 of QP #1 monthly supervision notes with Staff #1 and Staff #2 (AFL caregivers) specifically regarding Client #1 revealed: 9/21/21-spoke with Staff #1 and Staff #2 for monthly supervision. Still keeping clients home from day program due to COVID concerns. Members still exhibiting common behaviors but are overall doing well in the home. 10/18/21-virtual meeting with Client #1 and AFL staff. Client #1 was wandering into the game room during the night and found sitting cross legged laying over her legs either in the floor or on her bed. She was also needing more assistance with ambulation. 11/11/21-virtual meeting with AFL staff; informed Client #1 had completely stopped feeding herself and only swallowing a small amount when fed by caregiver. AFL reported Primary Care Physician and guardian had agreed that a feeding tube would be an option to best help Client #1 receive the nutrition needed. 12/10/21-SIS (Supports Intensity Scale) evaluations for the 3 clients.</p>	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 11</p> <p>1/10/22-call with AFL staff regarding PEG (percutaneous endoscopic gastrostomy) tube surgery. Staff #1 reported Client #1 was taken to emergency department as catheter was clogged. Surgery was rescheduled for 1/13/22.</p> <p>1/12/22-spoke with Staff #1 regarding Client #1's health issues. Client #2 having behavioral issue of throwing dirty attends around his bedroom.</p> <p>1/14/22-call with AFL staff who reported surgery went well.</p> <p>Review on 3/7/22 of medical notes from the Primary Care Nurse Practitioner for Client #1 revealed:</p> <p>6/9/21-follow up visit from the hospital. "Patient is now having seizures. Patient's caretaker states that she seems to be doing okay but is still weak and lethargic ...She can't walk and her caregiver has to carry her. It is becoming difficult for him to carry her around and he is requesting a power wheelchair that can be operated from the back."</p> <p>10/4/21- "Keeps fingers in her mouth and they have tried gloves but she takes the gloves off ...gait has changed and she no longer stands up straight."</p> <p>12/22/21- "This 60 year old female brought in today because of leg pain and knee swelling for about 2 weeks. Patient can not unbend her leg without having pain. She has not been ambulating and has a habit of folding her left leg under her ...she has started to decrease her food intake. She no longer talks or actively participates in activities."</p> <p>1/4/22-"Patient here today for mobility evaluation ...she is confined to a wheelchair and without it, her caregivers would be forced to carry her ...she will also need a hospital bed ...her urine output has decreased because she isn't taking in much orally."</p>	V 291		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 12</p> <p>Interview on 3/8/22 with the Primary Care Nurse Practitioner revealed: -Client #1 has failure to thrive and a history of seizure disorder. She was starting to have more seizures. Referred Client #1 to a neurologist. She didn't have good kidney function. Client #1 had been steadily declining since she started seeing her about 1 year ago. She felt the staff at the facility were taking great care of Client #1. She tried to conduct swallow exam to determine her level of intake because her caregivers reported she was not taking in good oral nutrition. They reported she was not eating as much and was losing weight. Her existing thyroid issues could also cause swallowing problems. Referred them to a local surgeon for a gastrostomy tube (g-tube). She really just monitored her labs and got her thyroid levels back in line. She did not provide any type of training for the caregivers either with administering medications or feeding via g-tube. She had not seen Client #1 since that referral.</p> <p>She had initially written an order in August 2021 for a wheelchair, hospital bed, bed side table, hoyer lift and bedside toilet and sent it to a local medical equipment provider. She was contacted about adding language to the order and resent that back in September. She was told a PT (physical therapy) evaluation was needed and sent a referral for physical therapy on 12/22/21. She sent another order in January to a local Rehabilitation provider and assumed they had everything they needed to get the equipment to Client #1. Staff #2 wanted a referral for home health to do an evaluation at home, not to take Client #1 to a rehabilitation provider. This occurred while she was out of town and had a backup provider in her office. He may not have understood what exactly was needed. She may need a new referral for home health to do an</p>	V 291		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 13</p> <p>assessment or Client #1 may need skilled care.</p> <p>Interview on 3/3/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -The QP #1 didn't come to the home very often. -Told by pharmacy and doctor to crush medications with small amount of water. Client #1 can still have food/liquid by mouth. She will occasionally eat pureed food via a syringe but won't take anything with a spoon anymore. -All of Client #1's medications are crushed and mixed together. -Client #1 could not have solid foods when she was admitted. -"We really got minimal information at admission. We knew she had Down Syndrome, Moderate Intellectual Disability and a stricture but weren't sure what that was." They were not given any information regarding a history of seizures before she had a seizure. The neurologist put her on Kepra and had to decrease it twice. -The dementia has caused her to lose her language. She used to count, say her name and respond to yes/no questions. -"The surgeon's office explained how to feed and clean the gravity fed gastrostomy tube. They said to add water before and after feeding. [Deceased Client (DC) #4] had been on a continuous feeding so we had some practice." -"We told [QP #2] in December about equipment needed; that's who dropped the ball." -"I don't know exactly where they (the doctor's office) sent the orders (for medical equipment for Client #1) but they seem to be lost. We don't have a copy. We haven't heard anything since we were told the wheelchair was denied." No one had helped the AFL caregivers work through the systems of getting the medical equipment for Client #1. <p>Interview on 3/11/22 with Staff #2 revealed:</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 14</p> <p>-"Felt like we were talking and talking but falling on deaf ears. We'd ask [Care Coordinator (CC) from the Managed Care Organization (MCO)] and never heard anything. We'd ask [QP #2]. [QP #1] was brand new. She didn't know what she was walking into. It felt like we were falling in the cracks but when we didn't get any help we just kept trying to do this ourselves. We texted [Residential Monitoring Specialist] and [CC from the MCO] when [Client #1]'s legs started to fold and she was diagnosed with dementia. We already had a manual wheelchair. We needed an electric one so [Client #1] could recline. We got a notice that the manual wheelchair was declined (by Medicaid)."</p> <p>-"We asked QP #2 about transportation because we were having to make 2 trips to [local day program] and 2 trips from [local day program] in order to get our 3 clients. We never heard anything." -"[Client #1] and [Client #3] were supposed to have Money Follows the Person but we were only reimbursed \$100 for the \$3000 we spent."</p> <p>-"[CEO (Chief Executive Officer) #2] even called last night saying I'm sorry, I know you left me messages. I should have taken care of this."</p> <p>-"Nobody would do anything until the state came out last week."</p> <p>Interview on 3/4/22 and 3/7/22 with the QP #1 revealed:</p> <p>-Was hired as QP on 5/17/21.</p> <p>-She had experience in working with clients but did not know the job. All the staff were working on upcoming CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation survey so she felt she really got no training.</p> <p>-Her responsibilities included being liaison between provider and MCO to make sure all</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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V 291	<p>Continued From page 15</p> <p>services are justified; conducted monthly supervisions in the homes although some have been virtual. She tried to do as many face to face visits as possible.</p> <p>-Previous QP for this facility (QP #2) was taking on new role as RN (Registered Nurse) to monitor medical concerns and medications for the Licensee's facilities/clients.</p> <p>-Last time she saw Client #1 was virtually on 2/8/22. She went to the home in September or October. At that time the home was very clean and orderly. "Just a beautiful house. [Client #1]'s room was clean, had a nice bed, and it looked like she had toys and things that she liked." Client #1 was feeding herself and had food on her face. She was able to drink by herself. She did not have the feeding tube then.</p> <p>-Did not recall getting an order for hospital bed but knew Staff #1 had requested one.</p> <p>-Client #1 was having difficulty with her gait but was not aware she was using a wheelchair.</p> <p>-Client #1 used to get up out of bed and wander. An order for bed exit and door alarm was made.</p> <p>-QP #1 used to look at medications/MARs (medication administration record) but QP #2 deals with medications now.</p> <p>-Client #3 was coming out of his room throughout the night so she got human rights approval for door alarms.</p> <p>-Was not informed until she was shown how to enter individual notes in electronic record system. "[CEO #1] told me early December when she did my 6-month evaluation and didn't see any notes in (electronic record system)."</p> <p>-In November, Staff #1 said the Nurse Practitioner would be monitoring more closely. Client #1 won't swallow. Staff #2 was feeding her.</p> <p>-"Spoke to [QP #2] about [Client #1]'s declining abilities but don't remember what she said</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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V 291	<p>Continued From page 16</p> <p>because I didn't write it down." -In December Staff #1 reported Client #1 was using DC #4's wheelchair. Staff #2 was still feeding her. "I told her to just stay in touch with Primary Care." -"[Staff #1] did not tell me Primary Care wrote orders for equipment. I figured [QP #2] was following up on those things but then she went out on maternity leave the end of December. I haven't had any other medically involved clients. I tried not to bother [QP #2] too much. She knew about [Client #1]'s trouble swallowing. They (Staff #1 and Staff #2) did let me know [Client #1] was declining but it did not seem that significant to them so I didn't worry. I assumed the [CC at the MCO] was taking care of the equipment orders. I didn't know for sure [Staff #1] had obtained orders."</p> <p>Interview on 3/4/22 with QP #2 revealed: -She was the QP until June 2021. She went out on maternity leave 1/1/22. -Her current duties included monitoring and oversight of medications and medical guidance. -"Caregivers did not report to me that [Client #1] has decompensated to the point of being non-ambulatory." -She knew Client #1 had swallowing difficulties but did not know about the feeding tube. -Doesn't recall seeing an order for hospital bed or wheelchair. -Medications crushed and mixed with water was included in basic medication training but could also have been client specific. Training on feeding via g-tube would be client specific. She had not trained Staff #1 or Staff #2 specifically on either.</p> <p>Interview on 3/10/22 with the CEO #1 revealed: -"I make sure the QPs get their work done."</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 17</p> <ul style="list-style-type: none"> -Would have new QPs sync up with current QPs for peer learning. QP #2 would have introduced QP #1 to all clients but QP #1 would have gotten most of her learning from other QPs in office. -Expectation was for the QP to have at least monthly visits either face to face, virtual or some phone calls for supervision with caregivers and supposed to look at data of goals. -Would have expected QP #1 to coordinate with caregivers, guardians, MCO, medical care. They all need to talk about what's best for the client. The MCO is responsible for getting medical equipment. -CEO #1 supervised the QPs. "[QP #1 comes to me all the time. She knew to come to me with questions." -QP #1 just told her about Client #1 last week. -QP #1 reported the AFL never told her they had requested all the equipment. The only documentation submitted by Staff #1 was for the wheelchair. -She had previously had discussions of coordinating care with QP #1. -She had not completed the new job description for QP #2 but hoped the specialized nature would help with coordinating clients' medical concerns. <p>This deficiency constitutes a recited deficiency.</p> <p>Review on 3/10/22 of 1st Plan of Protection signed by the Chief Executive Officer (CEO) on 3/10/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Female member has had a decline in health and is unable to walk. Member has seen the doctor for a hospital bed and wheelchair referral in January 2022. Member has also had a G-tube placement due to swallowing issues. Member's care plan will be updated to reflect the changes in</p>	V 291		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 18</p> <p>her health by the end of business on 3/11/2022. CCHC (Community Companion Home Care/Licensee) will ensure that staff at the Thompson House is properly trained on using and caring for the G-tube within 5 business days. CCHC will coordinate with the Thompson House to ensure that a supplier has been chosen and has received the doctor's order for the needed medical devices by the end of business on 3/11/2022. CCHC will coordinate with guardian and Thompson House on setting up a referral for evaluation for hospice by the end of business on 3/11/2022.</p> <p>Male member 1 (Client #2) has begun ripping off his diaper and urinating in his room causing a strong physical odor. Member's care plan will be updated to reflect this change. The Thompson House will sanitize member's room immediately. All changes will be completed by the end of business on 3/11/2022.</p> <p>Male member 2 (Client #3) is legally blind and tends to wander. A client's rights exception was completed to include door alarms for the safety of the member. Member's care plan will be updated to reflect the member's nature to wander. CCHC will coordinate with the Thompson House to ensure that door alarms have been installed. All changes will be completed by the end of business on 3/11/2022.</p> <p>CCHC CEO will assess the competencies of the QP and follow through with any additional training needed. Describe your plans to make sure the above happens.</p> <p>CEO has already contacted our in-house nurse to set up a G-tube training for the Thompson House. CEO will coordinate with the QP on the morning of 3/11/2022 to ensure that member's care plans have been updated and that coordination has been made with the guardian and Thompson House regarding supplies and hospice referral.</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 19</p> <p>The Thompson House staff will forward a picture of the door alarms that have been installed in male member's 2 room. All documentation of coordination will be saved in member's chart for further review."</p> <p>Review on 3/11/22 of 2nd Plan of Protection signed by the Chief Executive Officer on 3/11/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Female member has had a decline in health and is unable to walk. Member has seen the doctor for a hospital bed and wheelchair referral in January 2022. Member has also had a G-tube placement due to swallowing issues. Member's care plan will be updated to reflect the changes in her health by the end of business on 3/11/2022. CCHC will ensure that staff at the Thompson House is properly trained on using and caring for the G-tube within 5 business days. CCHC will coordinate with the Thompson House to ensure that a supplier has been chosen and has received the doctor's order for the needed medical devices by the end of business on 3/11/2022. CCHC will coordinate with guardian and Thompson House on setting up a referral for evaluation for hospice by the end of business on 3/11/2022. Male member 1 has begun ripping off his diaper and urinating in his room causing a strong physical odor. Member's care plan will be updated to reflect this change. The Thompson House will sanitize member's room immediately. All changes will be completed by the end of business on 3/11/2022. Male member 2 is legally blind and tends to wander. A client's rights exception was completed to include door alarms for the safety of the member. Member's care plan will be updated to reflect the member's nature to wander. CCHC will</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	<p>Continued From page 20</p> <p>coordinate with the Thompson House to ensure that door alarms have been installed. All changes will be completed by the end of business on 3/11/2022. CCHC CEO will assess the competencies of the QP and follow through with any additional training needed. Describe your plans to make sure the above happens. CEO has already contacted our in-house nurse to set up a G-tube training for the Thompson House. CEO will coordinate with the QP on the morning of 3/11/2022 to ensure that member's care plans have been updated and that coordination has been made with the guardian and Thompson House regarding supplies and hospice referral. The Thompson House staff will forward a picture of the door alarms that have been installed in male member's 2 room. All documentation of coordination will be saved in member's chart for further review. CEO, will make sure all items will be completed."</p> <p>The facility is an Alternative Family Living (AFL) home for 3 residents. Clients' diagnoses included but were not limited to: Moderate and Profound Intellectual Disabilities, Down Syndrome, Autism, Blindness and Dementia. Neither QP #1 and QP #2 assisted the AFL caregivers in accessing or coordinating evaluations for Client #1 to acquire needed medical equipment to assist her with daily living skills. QP #1 did not update treatment plans despite Client #1's complete decline in communication, ambulation and feeding as well as her refusal to participate in any goal since December 1, 2021. The treatment plan for Client #2 was also not updated to address his new behavior of urinating all over his room. Client #3's existing behavior of wandering at night had no strategies in the treatment plan despite having</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 291	Continued From page 21 human rights approval for door alarms. QP #2 in her new position as medical liaison did not assess the needs for Client #1 although having been her previous QP and being told of some decline. Staff #1 and Staff #2 independently pursued getting the durable medical equipment for Client #1 to remain comfortable and mobile however there was no coordination of care or follow through with physician orders, getting the required evaluations or communication with team members. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 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 odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility staff failed to ensure its grounds were maintained in a safe, clean, orderly and attractive manner and kept free from offensive odors. The findings are:	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022
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NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC	STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086
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V 736	<p>Continued From page 22</p> <p>Observation on 3/3/22 at 11:45am revealed: -The entrance and front of the home were very clean, well decorated and absent of any odors. Once the door to the game room downstairs was opened, a strong urine odor was abounding. Client #1 and Client #2's bedrooms were through the game room down a short hall. The pungent ammonia smell filled in entire bedroom/game room area. Client #1 was in her room sitting in a motorized wheelchair tilted back slightly. Her legs were pulled up close to her body near the seat of the chair. Every minute or two she would scream out for a couple seconds. Her arms were mostly close to her body but she moved them to the arms of the wheelchair and back across her body. She had a urine catheter bag hanging in the front of her chair. There was no facial expression and no eye contact even when this surveyor softly rubbed her knee. Her mattress was on the floor against the wall and surrounded by padding on the open sides. The bed clothing was neat and colorful.</p> <p>Client #2 was in his room with only a brief on; no shirt and no pants. He was sitting quietly curled up in a chair in his room. Only a blanket was sprawled out on a bare plastic mattress on the floor.</p> <p>Client #3 was in his room sitting in his favorite chair listening to music. He was clean and appropriately dressed.</p> <p>Interview on 3/3/22 with Staff #1 revealed: -Client #1 moved from an ICF (Intermediate Care Facility). She's had increased dementia and is now non ambulatory. She no longer talks but screams. -Client #2 has autism, is non-verbal and gets into routines such as stripping and urinating in his room. She was working to break that cycle.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2022	
NAME OF PROVIDER OR SUPPLIER THE THOMPSON HOUSE NC		STREET ADDRESS, CITY, STATE, ZIP CODE 119 NORTH PIEDMONT AVENUE KINGS MOUNTAIN, NC 28086		
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V 736	<p>Continued From page 23</p> <p>Interview on 3/3/22 with Staff #2 revealed: -Reported he could not smell anything which is why he had the diaper duty. He stated he only removed the garbage with the dirty briefs every other day but would gladly take it out daily. -Client #1 had a feeding tube. She will only scream; she doesn't talk anymore. Her legs were contracting and she had a catheter for urine. -Client #2 won't use a pillow or sheets. He would throw them all off the bed. He had a blanket on the plastic covered mattress. "Typically, Client #2 got up in the morning, strips, rips up his diaper and pees all over his room. He generally wore 3 diapers overnight because he peed so much."</p> <p>Interview on 3/4/22 and 3/7/22 with the QP #1 revealed: -She had been the QP since June 2021. -Some of her visits were virtual but all were scheduled. -She had never been to the home when there was an odor of urine. -Client #2 had been waking, stripping and urinating all over his room routinely lately.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.5603 Operations (V291) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 736		