

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/05/2022
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NAME OF PROVIDER OR SUPPLIER THE FARM	STREET ADDRESS, CITY, STATE, ZIP CODE 363 JERRY DIXON ROAD ROXBORO, NC 27573
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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 and follow-up survey was completed on April 5, 2022. The complaint was substantiated (intake #NC00187251). 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>This facility is licensed for 3 and has a census of 3. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 509	<p>27D .0301 Client Rights - Social Integration</p> <p>10A NCAC 27D .0301 SOCIAL INTEGRATION</p> <p>Each client in a day/night or 24-hour facility shall be encouraged to participate in appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community. A client shall not be prohibited from such social interactions unless restricted in writing in the client record in accordance with G.S. 122C-62(e).</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility staff failed to encourage clients to participate in appropriate and generally acceptable social interactions and activities with non-client members of the community unless restricted in writing in the clients' records in accordance with G.S. 122C-62(e) for 1 of 3 clients (#1). The findings are:</p> <p>Review on 4/5/22 of Client #1's record revealed: -Admission date of 12/17/12. -Diagnoses of Dementia with Head Injury; Head</p>	V 509	<p>V509-The incident relayed by Client #1 was investigated by the Clinical Director and the Service Director. This event occurred on January 2, 2022, during the Omicron surge that was particularly significant in Person County due to a low vaccination rate. Client #1 that was interviewed has a diagnosis of dementia with head injury and does not have good time orientation. He indicated to the surveyor during interview that the incident occurred "last month." On January 2, 2022, the agency was still in Phase 2 of our Emergency Operations COVID Plan and visitors were asked to make prior contact with the Service Director or the Executive Director when planning trips into the community or for home visits. No contact was made by this friend who came by to take the client to the movies. The Service Director will retrain all staff on Emergency Operations COVID procedures, the phases, and how they relate to community outings.</p> <p>continued on next page.....</p>	5/27/22

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 509	<p>Continued From page 1</p> <p>Injury; Hyperlipidemia; Unspecified Transient Cerebral Ischemia; Calculus of Kidney; High Cholesterol; COPD.</p> <p>-Unsupervised time assessment- Allowed to have 8 hours of alone time at home and in the community.</p> <p>-Progress note dated 12/30/21- "[Client #1] enjoyed home visit with the family. Fixed his lunch. Played games on the computer. Watch a movie with peers/staff."</p> <p>-Treatment plan for Client #1 described the following goals:</p> <ul style="list-style-type: none"> -Long range outcome- To improve his daily living skills. -Short range goals- Complete his daily hygiene routine before 9 am daily with no more than 2 vp for 80% of times throughout the plan year. -Clean his bedroom daily with no more than 2 vp for 80% of times throughout the plan year. -Eat at least 3X daily with no more than 2 vp per occasion throughout the plan year. -Clean up after eating or cooking with no more than 2vp daily for 80% of times throughout the plan year. -Keep project materials confined to the garage/workspace with no more than 2 vp daily throughout the plan year. <p>Review on 4/5/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/6/19. -Diagnoses of Intracranial Hemorrhage with Loss of Consciousness > 24 hours; Diffuse Traumatic Brain Injury with Loss of Conscious; Major Neuro Cognitive Disorder due to TBI; Major Depressive Disorder; Mild Intellectual Disabilities. <p>Review on 4/5/22 of clients records revealed Clients #1 and #2 did not have documentation of visitation restrictions.</p>	V 509	<p>V509- This includes notification of the Service Director or Executive Director when there are questions or concerns regarding community outings. She will also train on Client Rights concerning community outings and social interactions while the COVID Emergency Operations Plan is still in effect to reduce the risk of exposure from COVID-19 to the vulnerable population we serve. These trainings will occur annually unless a need arises for phase changes needed during Covid-19. The Program Coordinators will monitor that these guidelines are being followed monthly.</p>	5/27/22
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Mur & Day Clinical Director

4/14/22

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V 509	Continued From page 2 Review on 4/5/22 of Staff #1's personnel record revealed: -Hire date of 5/17/17. -She was hired as a Habilitation Technician. Review on 4/5/22 of the agency's latest COVID-19 Emergency Plan revealed: -Plan dated 3/24/22. -As of 3/24/22, agency was moving back to PHASE 1 of their emergency plan related to COVID-19. -"Staff need to continue to be diligent in using Universal Precautions, Infection Control, Personal Protective Equipment and hand washing as trained. -Continue to monitor the health of your clients diligently and report any signs of illness with staff or clients to the Executive Director or Service Director. -Community outings can occur in Person County but staff and clients are to continue to avoid large crowds. Outings should be to small stores and if eating out, dine outside. Outings for indoor activities should continue to be approved beforehand by the Service Director. -Continue to limit unnecessary physical contact whenever possible. -Family style dinning can resume. -Residents can remove their masks when in their home. Staff must continue to wear K-N95 masks while on duty. Residents should wear masks when in the community at all times. -Therapeutic leave or visitations should be reported to the Executive Director or Service Director but prior approval by them is no longer required. -Visitors should continue to visit outside if weather permits and should sign COVID forms, wear a mask, and have temp in if visiting indoors.	V 509			

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V 509	<p>Continued From page 3</p> <p>Interview on 4/5/22 with Client #1 revealed: -He reported that he had been able to go to visit with his family. -Last time he went to visit his family was last month. -He usually went to see his family about once a month. -When he went to see his family, he would pretty much "hung out" and played his video game. -He was planning to see his family again next week. -Client #1 reported that he was planning to help his nephew move back in to the house after his rent was raised and he was unable to pay for it. -Client #1 mentioned about an incident that occurred last month on which he was not allowed to go out with a friend. -Client #1 reported that his friend came over to pick him up at the group home to go to the movies, but he was not able to go because of the flu "COVID." -Group house staff did not allow him to go out.</p> <p>Interview on 4/5/22 with Client #2 revealed: -Client #2 reported that he had been doing well at the house. -No issues with anything or anyone at the house. -Reported that he had been able to do home visits to his family. -Last home visit was in December. He had not had further family contact since December, but stayed in touch by telephone. -Family just had not time to pick him up to go out or to their home. They stayed in Durham. -Client #2 reported that he had been able to go out to his community college activities. No restrictions for him to go out. -No complaints with agency restricting him to go out.</p>	V 509		
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V 509	<p>Continued From page 4</p> <ul style="list-style-type: none"> -He would be going to the gym to work out today. His 1:1 took him to the community. -He had no restrictions to go out. <p>Interview on 4/5/22 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -She remembered incident with Client #1 and his friend from last month. -Person came over to take Client #1 out to the movies, but she informed her that she was not vaccinated against COVID-19. -Staff#1 denied asking if person was vaccinated or not. -Staff #1 reported that visitor volunteered the information without her even asking. -Staff #1 denied person to go to the movies because they were unvaccinated. -She had been told that visitors were not able to take clients out if they were unvaccinated. -Staff #1 acknowledged that Client #1 was not allowed to go out to the movies with his friend because his friend was not vaccinated against COVID-19. <p>Interview on 4/5/22 with the Service Coordinator revealed:</p> <ul style="list-style-type: none"> -Agency lowered restrictions about two weeks ago. -Agency had been waiting for numbers to continue to go down for safety precautions. Person county had had a high number of cases. -Agency just opened up last week in reality. They eased restrictions about 3/25/22. Prior to that, they were able to go to the park. -Agency was trying to limit exposures because they had residents with serious pre-existing health conditions. -Clients were able to have contact with family, but outside of the home if they came over to visit at the group home. -Families had received phone calls by staff and 	V 509		

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V 509	<p>Continued From page 5</p> <p>had been informed on a regular basis regarding agency's COVID policies.</p> <ul style="list-style-type: none"> -Clients were allowed to go to their families for a while now. Clients had been able to go home. -Clients went home during Thanksgiving and Christmas. -Families were able to come anytime and pick up their family members. They just asked for families to inform ahead of time to let staff know at the house. -Restrictions on therapeutic leave had been lifted prior to Thanksgiving. -Day program started yesterday with normal activities -She did not know of any incidents with Client #1 being unable to go out with a friend to the movies. -She would have been contacted by the staff if anything. -Staff never contacted her regarding any incident with Client #1 not being able to go to the movies with a friend. -Clients already were allowed to have therapeutic leave with their family. -Agency did not ask families regarding their COVID vaccination status. -Agency still had to follow protocol regarding COVID whenever clients returned from therapeutic leave, such as taking temperatures and monitoring symptoms. -She would make sure to retrain staff regarding agency's most recent COVID-19 plan and clients being able to have activities with family and friends. -She acknowledged that facility staff failed to encourage clients to participate in appropriate and generally acceptable social interactions and activities with non-client members of the community unless restricted in writing in the clients' records affecting one of one client (Client #1.) 	V 509		

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 7, 2022

Melissa Day, Clinical Director
Person County Group Homes, Inc.
PO Box 721
Roxboro, NC 27573

Re: Follow-up & Complaint Survey completed April 5, 2022
The Farm, 363 Jerry Dixon Road, Leasburg, NC 27291
MHL # 073-019
E-mail Address: Melissa.day@pcghinc.org
(Intake # NC00187251)

RECEIVED

APR 25 2022

DHSR-MH Licensure Sect

Dear Ms. Day:

Thank you for the cooperation and courtesy extended during the Follow-up & Complaint survey completed April 5, 2022. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 6/4/22

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 State Form.

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.***

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.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 7, 2022
The Farm
Melissa Day

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 violations have been corrected. If we can be of further assistance, please call <team leader's name> at <team leader's telephone number>.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
Pam Pridgen, Administrative Assistant