

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DIAMOND'S HOUSE #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>228 GOFF STREET</b> <b>CHARLOTTE, NC 28208</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 4/8/22. The complaint was unsubstantiated (NC# 180485). 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 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></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,</p>	V 291		

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V 291	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain coordination with qualified professionals responsible for client's treatment for 1 of 3 clients. (client #1). The findings are:</p> <p>Record review on 3/16/22 of client #1's record revealed: - Admission date 7/15/07; - Diagnoses Intermittent Explosive Disorder; Intellectual Developmental Disorder-Severe; Hypertension; Nonrheumatic Aortic Valve Insufficiency; Congenital Malformation of Heart; Enuresis; Obesity; Hypermetropia; Astigmatism.</p> <p>Interview on 3/17/22 with client #1 revealed: - Went to the hospital on Sunday (3/13/22); - Staff #1 transported him to the hospital.</p> <p>Interview on 3/17/22 with the Hospital's Psychiatric Nurse revealed: - Unable to speak with the Licensee/Director/Guardian of client #1 on 3/14/22; - Client #1's medication could not be changed due to the failure of the Licensee/Director/Guardian not following up on medication change; - The Licensee/Director/ Guardian would not disclose information about the facility client #1 resided at.</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Interview on 3/18/22 with the Hospital's Social Worker revealed:</p> <ul style="list-style-type: none"> <li>- "I'm going to review the notes and go over information with you(surveyor)";</li> <li>- Client #1 was brought to the hospital on 3/13/22 by staff #1 from the group home;</li> <li>- Hospital spoke with the Licensee/Director/Guardian of client #1 for verbal consent for treatment;</li> <li>- Hospital spoke about possible medication change;</li> <li>- Licensee/Director/Guardian stated that she needed to do research on medication;</li> <li>- Hospital attempted to contact the Licensee/Director/Guardian on 3/14/22 at 1:21pm, but no answer;</li> <li>- Hospital unable to change medication due to not being able to speak with the Licensee/Director/Guardian;</li> <li>- Discharge social worker contacted the Licensee/Director/Guardian on 3/15/22 to let her know that client #1 was ready for discharge;</li> <li>- The Licensee/Director/Guardian wanted to speak with the doctor, because she felt that two days was not long enough for client #1 in the hospital;</li> <li>- The Licensee/Director/Guardian was informed that client #1 was not admitted into the hospital for treatment, he was admitted in emergency room for observation;</li> <li>- Hospital contacted the Licensee/Director/Guardian on 3/16/22 and it was decided to add Depakote to client #1's medication;</li> <li>- Due to medication change, it was agreed that client #1 would stay another night at hospital for observation;</li> <li>- Social worker contacted the Licensee/Director/Guardian on 3/17/22 at 2:30pm</li> </ul>	V 291		

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V 291	<p>Continued From page 3</p> <p>to inform her that client #1 was ready for discharge;</p> <ul style="list-style-type: none"> <li>- The Licensee/Director/Guardian informed social worker that a staff member would come to pick up client #1 but no one was available at the time due to shift change;</li> <li>-Social worker informed the Licensee/Director/Guardian that client #1 needed to be picked up before 12am;</li> <li>- Client #1 was "picked up today (3/18/22) at 1:30am."</li> </ul> <p>Interview on 3/22/22 with the Hospital's Discharge Social Worker revealed:</p> <ul style="list-style-type: none"> <li>- Informed the Licensee/Director/Guardian on 3/15/22, client #1 didn't meet the criteria for admissions;</li> <li>-The Licensee/Director/Guardian would not provide any information concerning the group home;</li> <li>-The Licensee/Director/Guardian finally provided a number to the group home;</li> <li>- The Licensee/Director/Guardian refused to pick up client #1 until she spoke with the doctor;</li> <li>- Informed the Licensee/Director/Guardian that he would inform the doctor of her request to speak with a doctor.</li> </ul> <p>Interview on 3/16/22 and 3/24/22 with the Licensee/Director/Guardian revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 was having aggressive behaviors for the past week;</li> <li>- Instructed staff to take client #1 to the local behavioral health hospital on 3/13/22;</li> <li>- Spoke with different staff at the hospital daily about the care of client #1;</li> <li>- When the Licensee/Director/Guardian was asked about not contacting the hospital back when they attempted to contact her on 3/14/22 and follow up about the medication change, the</li> </ul>	V 291		

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V 291	<p>Continued From page 4</p> <p>Licensee/Director/Guardian responded, "If I had known I was on trial then I would have documented when I spoke with the providers."                      - "I called the hospital on Monday (3/14/22) just in general to check on him (client #1)."                      - Spoke with different providers but did not write down their name or the times, she had spoken with them until 3/16/22;                      - "I was working out of town and didn't have anyone to pick him (client #1) up."                      - "I wanted to pick him up and spend some time with him (client #1)."                      - Arrived at the hospital at 10:45pm to pick up client #1;                      - Waited several hours before the hospital discharged client #1.</p> <p>Review on 4/8/22 of the Plan of Protection written by the Program Administrator(Licensee/Director/Guardian) dated 4/7/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? The immediate action that will take place is a call log to determine all calls that is placed by Diamond's CBS, Inc. (Licensee) staff as well as calls being received from hospitals, doctors, administrative staff, family members, etc. will be put in place for accountability. Secondly, if an individual is being admitted and or discharged from a hospital or any medical facility a staff member will pick up client in a short period of time (within a two hours window) and if that is not feasible it will be put in writing for a late pick up. The communication between the doctors, medical staff, group home staff, guardian, all involved will be close netted to ensure the patients needs are being meet accordingly.</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>Describe your plans to make sure the above happens.</p> <p>During quarterly administrative staff meeting (Program executive director, Administrative staff, and Qualified Professional; person (Contract Qualified Professional) ) Preventive discussions will continue to be dialogue to ensure continuity of care. The Qualified Professional will discuss with direct care workers on a monthly basis during supervision to ensure all concerns is addressed as well as all of the residence/clients needs are continued being met on a daily basis."</p> <p>Client #1 was a 39 year old male diagnosed with Intermittent Explosive Disorder; Intellectual Developmental Disorder-Severe; Hypertension; Nonrheumatic Aortic Valve Insufficiency; Congenital Malformation of Heart; Enuresis; Obesity; Hypermetropia; Astigmatism. Client #1 was having aggressive behaviors at the facility. The Licensee/Director/Guardian had him sent to the hospital due to behaviors, yet did not communicate with hospital staff in a timely manner to ensure client needs were able to be met. When hospital staff contacted Licensee/Director/Guardian in regards to discharge the Licensee/Director/Guardian originally refused to pick up client #1 until speaking with the provider. The second time the hospital staff contacted Licensee/ Director/ Guardian about discharge at 2:30pm, client #1 was not picked up from the hospital until 1:30am the next day. The Licensee/ Director/Guardian failed to maintain coordination with the hospital staff to ensure the proper care for client #1.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and</p>	V 291		

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V 291	Continued From page 6  welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 291		