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	MHL092-476	A. BUILDING: _____ B. WING _____	R-C 04/26/2022

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EASTER SEALS UCP-ZEBULON GROUP HOME	120 EAST LEE STREET ZEBULON, NC 27597

(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	INITIAL COMMENTS A complaint and follow up survey was completed on 4/26/22. The complaint (intake #NC00183250) was substantiated and the complaint (intake # NC00188211) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid	V 108		

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V 108	Continued From page 1 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) were trained to meet the mh/dd/sa needs of the clients. The findings are: Review on 4/21/22 of staff #1's personnel record revealed: - hire date of 4/28/20. - no client specific training. Interview on 4/22/22 staff #1 stated: - he had not completed a course on client specific training. - the facility had the "client books" that they read about each client. Interview between 4/22/22 and 4/26/22 the House Manager/Qualified Professional stated: - staff #1's training records were in his personnel file or in their on line training system - staff were responsible for completing their on line trainings on their own. - on line training consisted of the facility's standard trainings which included seizure management, ethics and clients rights and client	V 108		

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V 108	Continued From page 2 specific training	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 5 of 5 paraprofessional staff (#1-#5) demonstrated knowledge, skills, and abilities required by the population served. The findings are: Review on 4/21/22 of staff #1's personnel record revealed: - hire date of 4/28/20 Review on 4/21/22 of staff #2's personnel record revealed: - hire date of 5/10/17 Review on 4/21/22 of staff #3's personnel record revealed: - hire date of 12/20/20 Review on 4/21/22 of staff #4's personnnel record revealed: - hire date of 1/30/19 Review on 4/21/22 of staff 5's personnel record revealed: - hire date of 11/1/21 Review on 4/21/22 of client #1's record revealed: - admission date of 1/5/88 - diagnoses of Cerebral Palsy, Intellectual Developmental Disability (IDD) (moderate), Diabetes type 2 and Hypertension - treatment plan dated 5/20/21 noted client ambulated with a motorized wheelchair Review on 4/21/22 of the North Carolina Incident Response Improvement System Incident report submitted 3/17/22 revealed: - "Negligence on behalf of Day Program staff	V 110		

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V 110	Continued From page 4 which resulted in fractured Shin Bone of Individual." I. Interview on 4/22/22 staff #1 reported: - he noticed client #1 "wincing, flinching"or "jumping" when bathed, transferred or dressed on 3/11/22. - he asked client #1 if he was ok, and client #1 denied that anything was wrong and stated that he was "ok." - he continued to notice client #1 "wincing, flinching" or "jumping" over the weekend and on 3/14/22. - he didn't notify any other staff about client #1's behavior until 3/15/22 because client #1 stated that he was "ok." - he didn't document in the staff electronic communication log any notes regarding his observations of client #1. - he didn't notice any redness and/or swelling of clients leg or foot until 3/15/22. - client #1 had diabetes and had a history of his feet swelling. - he thought his foot was swollen due to his diabetes. - on the morning of 3/15/22 he noticed client #1's foot was swollen and client #1 jumped when he transferred him. - he told staff #2 about the swelling in client #1's foot and asked her to look at client #1's foot. - he did not document his observations or concerns regarding client #1 in the electronic communication log during his shift from 3/11/22-3/15/22. Interview on 4/22/22 staff #2 reported: - worked first shift during the week: 7 am to 4 pm and did not work the weekend following client #1's injury - was asked by staff #1 to check client #1's	V 110		

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V 110	Continued From page 5	V 110		

foot on 3/15/22 and noticed the foot was swollen more than normal
- observed a tear running down client #1's cheek and he said his foot hurt
- she asked client #1 what was wrong, and he said his foot hurt.
- she video called the House Manager/Qualified Professional (QP) and informed him of client #1's symptoms
- she and staff #1 took client #1 to the urgent care for assessment on 3/15/22
- urgent care x-rayed client #1's foot and determined it was fractured in 2 places.
- urgent care referred them to an orthopedic urgent care.
- she and staff #1 took client #1 to the orthopedic urgent care who referred them to the local hospital for a surgical consult

Interview on 4/22/22 staff #5 reported:
- worked the weekend of 3/12/22 and 3/13/22.
- worked with staff #3 but she didn't work with client #1 directly.
- duties included meal preparation, and medication administration.
- was not aware of any issues with client #1 as she did not transfer, bathe or dress client #1.

Interview on 4/25/22 staff #3 reported:
- worked 3/12/22 and 3/13/22 8 am-8pm
- didn't notice anything unusual about client #1 during her shift.
- duties that weekend included medication administration, meals, and laundry.
- staff #1 was the staff who assisted client #1 with his bathing/toileting and dressing.
- staff #1 told her that when he picked up client #1, that he saw a tear running down his cheek
- did not remember if staff #1 told her that information the weekend of 3/12/22 and 3/13/22

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V 110	Continued From page 6 or the next weekend she worked. Interview on 4/25/22 staff #4 reported: - she worked the weekend after client #1's injury occurred 3/12/22 and 3/13/22. - she worked 3rd shift: 10 pm-8 am. - duties included: monitored the clients, took them to the restroom, bathing/dressing. - was not aware of client #1's injury during her shift. - client #1 did not cry out in pain during the night or inform her he was in pain. - client #1 used a disposable undergarment at night, she did not normally have to take him to the restroom at night. - normally did not get client #1 up in the morning. Staff #1 and #2 typically got client #1 up and ready. - staff #1 and staff #2 worked on 3/14/22 and staff #1 got client #1 ready. - the staff documented notes in the computer about anything that happened on their shift. - she did not remember any notes about client #1 flinching or jumping when he was transferred, or dressed during that weekend. - the staff also verbally talk to each other around shift change, but no one communicated any concerns about client #1 that she remembered. Interview between 4/22/22 and 4/26/22 the House Manager/QP stated: - staff #1 was the primary staff assigned to client #1 from 3/11/22-3/15/22. - was not made aware of client #1's injury/symptoms until 3/15/22 when staff #2 video called him - he instructed staff to take client #1 to urgent care after he observed his foot over the video call - the foot did not appear red, but was swollen	V 110		

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V 110	Continued From page 7 more than normal - the facility had an electronic communication log accessed on the facility's lap top - staff were expected to document notes on the log at shift change to inform oncoming staff of any issues or observations - was not sure why staff #1 had not documented his concerns/observations regarding client #1's behavior 3/11/22-3/15/22 in the electronic communication log - he normally communicated with staff any information via group text or a phone call II. Review on 4/26/22 of the facility's electronic communication log between 3/9/22-3/21/22 revealed: - no shift notes from the 10th-14th, 16th, 18th-20th - no staff initials or signatures for notes on the 9th, 15th, 17th and 21st - note on 3/15/22 at 8:59 am revealed "...the past weekend and Monday were good. [client #6] went home and returned Sunday. [client #1] brother came to visit him. [client #4] sister came as well. The house was cleaned and clothes were washed. No incidents to report..." - note on 3/15/22 at 9:03 am revealed "....the weekend was good. Last night was the same as well. Floors were mopped and the guys recieved the bottle (urinal)..." Review on 4/26/22 of the House Manager/QP's monthly training minutes (not dated) with facility staff revealed: - no training dates - "it is expected for staff to be doing [electronic communication log] so I will be making sure that you have it done by 3 o clock. All staff need to be doing [electronic communication log] and not just me."	V 110		

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V 110	Continued From page 8 Interview between 4/22/22 and 4/26/22 the House Manager/QP stated: - between 3/9/22 and 3/12/22 staff #1, #2, #3 #4, and #5 worked at the facility on various shifts - the facility had an electronic communication log accessed on the facility's lap top. - staff were not "computer literate"and were not comfortable using the computer. - staff were expected to document notes on the log at shift change to inform oncoming staff of any issues or observations. - staff #1, #4, and #5 had access to the electronic communication system. - staff #3 needed her password changed before she could access the communication system. - he trained staff individually on the electronic communication system. - he had not done a group training on the system. - he was working on getting all the staff to use it regularly. - he normally communicated with staff any information via group text or a phone call. Review on 4/26/22 of the facility's Plan of Protection submitted and written by the House Manager on 4/26/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? In the event that the safety of the consumer has been compromised, Staff will immediately contact Supervisor and inform him of the situation. Supervisor will inform Staff of the what the next step needs to be taken which may require Emergency Services such as 911 or having to take them to the Emergency Room. It is the responsibility of the staff to make sure they inform the Supervisor if they suspect abuse or neglect.	V 110		

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Supervisor or Staff will report the issue to the entities (DSS, APS, etc.) to address the issue."

"Describe your plans to make sure the above happens.
Supervisor will meet with Staff to address the importance of knowing the Individuals that we serve and monitor them for anything out of the norm, whether they are not acting normal or seems to be having distressed about a situation that they would consider a crisis. Supervisor will meet with Staff to review plans of the Individuals to review the history of their mental and physical health. Supervisor will also train Staff on how to document information that is pertinent to other Staff as well as learning how to de-escalate situations when it seems Individuals are agitated or stressed. Staff will also document what happens daily on their shift and walkthrough with each other to make sure the Individuals' needs are being met."

Client #1 had a diagnoses of Cerebral Palsy and Moderate Intellectual Development Disabilities. Client #1 sustained an injury to his leg and foot while at the day program on 3/10/22. Client #1 required staff assistance to transfer, to bathe and dress and utilized a motorized wheelchair to ambulate. After the injury, client #1 was observed by staff #1 to flinch, wince and jump over the next 5 days when he assisted client #1 with his bathing, dressing and transferring. Staff #1 asked client #1 if he was ok, and if he was in pain, and client #1 denied that anything was wrong. Staff #1 observed client #1's foot as swollen and failed to document and report the observation to other staff on shift, or to management until 3/15/22. As a result of staff #1's failure to report his observations and concerns regarding client #1, client #1 did not receive medical attention for 5

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V 110	Continued From page 10 days following his injury. Staff #1 was the primary staff assigned to client #1 over the 5 day period of time post injury, but he was not the only staff on site at the facility. Staff #2, #3, #4, and #5 all worked during the 5 days post injury and none of the staff documented any notes in the facility's electronic communication log to report or share their observations and/or concerns regarding client #1. These deficient practices by staff #1 to include failure to document and notifiy management of client #1's flinching and wincing were detrimental to the health, safety and welfare of the clients. This deficiency constitutes a Type B rule violation. 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 110		
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 observation and interview, the facility failed to ensure the home was maintained in a safe, clean, attractive and orderly manner. The findings are: Observation and tour of the facility on 4/21/21 between 1:37 pm and 2:00 pm revealed the	V 736		

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V 736	Continued From page 11 following: - refrigerator door was missing a door handle - air duct return cover was rusted. - shower room #1 missing tiles in the shower - shower room #1 shower head leaking water - shower room #2 missing ceiling light fixture cover - carpet ripped, an estimated length of 2 inches down to the sub-floor, in client rooms: #4, #5, #6 - gap in the paneling in the hall near the dining room window an estimated length of 2 inches - rust on bathroom grab bars in both client bathrooms - no door latch on client #1's bedroom door - dim lighting in family room Review on 4/21/22 of the County Health Department Inspection Report dated 10/21/21 revealed: - "...Several grab bars in bathrooms has surface rust or were rusted through..." "...Tile by one shower were missing/damaged..." "...In bedrooms, several pillows, mattress cover and bedspreads were soiled/stained..." "...Some bedroom carpets under beds and corners were soiled. A few carpets were torn and had frayed areas..." "...Wall vent filters and metal grate covers were dusty and grates were rusty..." Interview between 4/22/22 and 4/26/22 the House Manager/Qualified Professional stated: - had requested a replacement door handle for the refrigerator door - believed a new refrigerator would have to be purchased - was aware of the lighting in the family room being dim and had requested an electrician assess the light to ensure it was working properly	V 736		

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V 736	Continued From page 12 before he replaced the bulbs. - had repaired the broken and missing shower tiles but the tiles did not seal correctly and deteriorated - had replaced the mattress cover for client #4 - was working on replacing pillows for 3 of 6 clients - was working on replacing the air filters with new ones as he had the wrong size air filter - had instructed staff to wipe down the grab bars to remove the rust This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		