

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-468	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2022
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NAME OF PROVIDER OR SUPPLIER WALNUT STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 544 WALNUT STREET CARY, NC 27511
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V 000	<p>INITIAL COMMENTS</p> <p>An annual & follow up survey was completed on 6/22/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. 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		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals & strategies for 1 of 3 audited clients (#1) treatment plan. The findings are:</p> <p>Review on 6/17/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/20/20 - diagnoses of Autism, Bipolar Disorder & Oppositional Defiant Disorder - treatment plan dated 1/1/22: follow daily schedule, shower, will get out of bed & choose healthy meals - no goals and strategies to address aggression and stealing behaviors <p>Review on 6/17/22 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - "3/23/22 - 7:07pm...stole a significant amount of money (\$2,000) from the manager's purse...police was called to the group home to talk...had an explosive, aggressive behavior just a few hours earlier..." - "3/23/22 - 7:09pm...became upset with staff...upon being questioned, he began to escalate and cursed at the manager. When the manager attempted to redirect him to another area to calm down, he physically postured himself as if he was going to hit her....proceeded to his room...at some point, grabbed a baseball bat and began to bust the window out in his room and holes in the wall..." 	V 112		

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V 112	Continued From page 2 During interview on 5/25/22 & 6/22/22 the Clinical Director/Qualified Professional reported: - in March 2022 client #1 had behaviors of: busted out his bedroom windows, hole in dining room wall, & stole \$2,000 from the home manager - the psychologist was in the process of completing the behavior support plan to address the aggression - contacted client #1's mom on 6/20/22 to schedule a meeting to address the stealing behaviors	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the	V 290		

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V 290	<p>Continued From page 3</p> <p>emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review & interview the facility failed to ensure 2 of 3 audited clients (#1 & #3) treatment plan documented they were capable of remaining in the facility or community. The findings are:</p> <p>Review on 6/17/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/20/20 - diagnoses of Autism, Bipolar Disorder & Oppositional Defiant Disorder - no documentation of an unsupervised time assessment <p>Review on 6/17/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 2/24/15 	V 290		

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V 290	<p>Continued From page 4</p> <ul style="list-style-type: none"> - diagnoses of Autism & Intellectual Developmental Disorder - unsupervised time assessment dated 1/29/21 for 3 hours in home and community <p>During interview on 6/17/22 the Clinical Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> - client #1 started as a cook at a local restaurant on 6/20/22 - will contact client #1's guardian to complete the unsupervised time assessment for him to work in the community - was not aware unsupervised time assessments were completed annually - will update client #1 & #3's unsupervised assessment 	V 290		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). 	V 536		

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V 536	<p>Continued From page 6</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing,</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited staff (#1) received</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>restrictive intervention prior to providing services to clients with disabilities. The findings are:</p> <p>Review on 6/22/22 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - hired 6/2022 - no documentation of restrictive intervention <p>During interview on 6/22/22 the Clinical Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> - staff #1 left the company in February 2022 - his previous restrictive intervention expired in February 2022 - the restrictive intervention training was supposed to be held today, however, the trainer was on medical leave - work alone with the clients - will get staff #1 rescheduled for restrictive intervention training 	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review & interview the facility was not maintain in a safe manner. The findings are:</p> <p>A. Observation on 6/17/22 at 5:08pm of client</p>	V 736		

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V 736	<p>Continued From page 9</p> <p>#1's bedroom revealed:</p> <ul style="list-style-type: none"> - one bedroom window covered with a type of sheetrock material that was nailed over the window - was the only egress to the outside of the facility <p>Review on 6/17/22 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - "3/23/22...(client #1) became upset with staff...he proceeded to his room...at some point grabbed his baseball bat and begin to bust the window out in his room..." <p>Review on 6/22/22 of a custom order quote from a hardware store revealed:</p> <ul style="list-style-type: none"> - quote dated 3/29/22 - production time: 77 days <p>During interview on 6/17/22 the Clinical Director/Qualified Professional (CD/QP) reported:</p> <ul style="list-style-type: none"> - client #1 busted out his bedroom window - due to the pandemic and it being a custom window, it had taken awhile to get it - client #1 could be moved into the staff's bedroom that had a window <p>B. Observation on 6/17/22 at 5:10pm of client #3's bedroom revealed:</p> <ul style="list-style-type: none"> - the latch on the bedroom window was broken which prevented the opening of the window - staff #1 got a screw driver and removed the broken latch - the window was able to open, but now prevented it from being able to lock - was the only egress to the outside of the facility <p>During interview on 6/17/22 the CD/QP reported:</p> <ul style="list-style-type: none"> - had not done tour of the facility since 	V 736		

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V 736	<p>Continued From page 10</p> <p>sometime in May 2022</p> <ul style="list-style-type: none"> - visited week and half ago but did not check bedroom windows - she would have maintenance repair client #3's latch tomorrow (6/18/22) <p>Review on 6/17/22 of the Plan of Protection written by the CD/QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The consumer is being relocated to another room in the facility with a window until the repairs are completed. Describe your plans to make sure the above happens. I, [CD/QP], along with the group home manager will follow-up with staff and the consumer today to make sure that he is relocated effective immediately. As a part of our monthly environmental checklists, we will include an inspection of each window of the home to ensure that egress can occur without any difficulty."</p> <p>Clients were admitted to the facility with diagnoses of Autism, Bipolar Disorder & Oppositional Defiant Disorder. Client #1 busted out his bedroom window with a baseball bat on 3/23/22 . The bedroom window was covered with a type of sheetrock material that was nailed over the window. This was the only egress to the outside of the facility. A quote from the hardware store was given on 3/29/22 & estimated the window would return in 77 days. Client #3's bedroom window latch was broken and prevented the window from opening. Staff #1 removed the broken latch & the window opened, however, this prevented the window from being able to lock which created a safety issue. Based on the lack of available egress, this deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an</p>	V 736		

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V 736	Continued From page 11 administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 736		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure 1 of 3 audited clients (#1) had minimum furnishings. The findings are: Review on 6/17/22 of client #1's record revealed: - admitted 12/20/20 - diagnoses of Autism, Bipolar Disorder & Oppositional Defiant Disorder Observation on 6/17/22 at 5:08pm of client #1's bedroom revealed: - an unmade bed - no sheet on the bed - the comforter was balled up on the mattress	V 774		

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V 774	<p>Continued From page 12</p> <ul style="list-style-type: none"> - the mattress was sunken in the middle and dirty with brown stains <p>During interview on 6/17/22 the Clinical Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> - client #1's mattress was new when he was admitted to the facility - his sheets were being washed - staff worked with client #1 on the cleanliness of his bedroom <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 774		