

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE RIVER HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>284 SMOKEFORD ROAD</b> <b>MURPHY, NC 28906</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 6/14/22. The complaint (Intake #NC00188129) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A 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	<p>At Appalachian Community Services, we stive to provide a safe and therapeutic environment to all residents. We recognize that we have failed to meet this standard and have worked towards immediate remediation.</p> <p>In regards to 27G .0204, Appalachian Community Services has taken the additional actions in addition to the submitted plan of protection. Additional staffing was provided to ensure resident safety until transferred to a higher level of care. All staff in facility including QPs and management were retrained on abuse, neglect and restraint policies. All extra mattresses were immediately removed from facility grounds. Management has increased supervision and oversight in the home.</p> <p>To prevent any future occurrence, case staffing will occur bi-weekly and as needed including after any incidents to assess for changes in health and safety needs of residents. Final determination shall be made and implemented by Director of IDD Services.</p>	7/1/2022
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> </ol>	V 110	<p>With regards to rule 27G .0207, at Appalachian Community Services we strive to conduct fire and disaster drills on each shift a minimum of quarterly. We recognize that do to staffing challenges, some of these may not have occurred or took place during a shift when one had already been completed, leaving what appears to be a lapse.</p> <p>In order to prevent reoccurrence, all residential staff will receive supervision and training in how to properly conduct a fire and disaster drill along with instruction on appropriate documentation of drills.</p> <p>Furthermore, the Director of IDD Services will create calendar for the facility containing all shifts to assist with scheduling and completing fire and disaster drills on a quarterly basis. This will be monitored for completeness by the IDD Operations Manager, who will provide additional support if needed.</p>	7/1/2022

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Director IDD Services</b> (X6) DATE <b>7/8/2022</b>
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V 110	<p>Continued From page 1</p> <p>(7) clinical skills.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, 1 of 2 audited paraprofessionals (Staff #2) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 6/7/22 of Staff #2's personnel record revealed: -hired on 9/13/21 -position was Direct Support Professional.</p> <p>Review on 6/7/22 of Client #2's record revealed: -admitted on 4/19/10 -diagnoses of probable major cognitive disorder due to Alzheimer's with behavior disturbance, Profound IDD (Intellectual Developmental Disability), persistent Depressive Disorder with anxious distress, moderate; Down Syndrome; Unspecified Disruptive, Impulse Control and Conduct Disorder.</p> <p>Observation at 8:40am on 6/10/22 revealed: -2 twin size mattresses approximately 4 inches thick in the front room of the facility; one of the mattresses was leaning against the wall near the front door; the second mattress was leaning against the wall opposite the door.</p>	V 110	<p>With regards to 27G .0303, at Appalachian Community Services, we strive to maintain our facilities to the highest standard possible. At times, we recognize that we have failed to meet this standard and we work towards remediation as soon as possible.</p> <p>In regards to the smoke detector that was beeping intermittently, after further inspection it was determined that the smoke detector was defective and subsequently was replaced. The overhead lights in the client bedroom were repaired and are in working order. The air intake vent was thoroughly cleaned and repainted. The hornet's nest forming on the back porch was removed. Terminex was also contacted for ongoing facility inspections and treatment.</p> <p>To prevent any future facility and maintenance deficiencies, the IDD Residential Manager will conduct biweekly safety and maintenance inspections of the facility. Residential staff will be required to report any safety or maintenance issues to the IDD residential manager when they are discovered.</p>	7/1/2022

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V 110	<p>Continued From page 2</p> <p>Interview on 6/3/22 with Staff #2 revealed: -she started about 9 months ago; had never done this type of work before -she worked 8:00am to 8:00pm on Fridays, Saturdays and Sundays -Client #2's behavior has "gotten worse and worse ...screams no, like she is talking to people ...she doesn't listen to staff" -Client #2 was getting more and more difficult to take care of; they were looking for another facility for her -Client #2 walked away from the facility; she had to lock doors to keep Client #2 in the facility -the 2 mattresses in the front room were the ones that were recently removed from client rooms due to being replaced with new mattresses; she used a mattress to block the front door to deter Client #2 from leaving the facility -the mattress was light, and Client #2 could move the mattress aside to open the front door -"we sort of came up with it (using mattress) as a staff;" she was not told by a supervisor or the Qualified Professional (QP) to use the mattress in front of the door -"we have other exits we can use so we are not trapped."</p> <p>Attempted to interview Client #2 on 6/2/22 but due to her level of cognitive impairment, she was unable to participate in an interview.</p> <p>Interviews on 6/1/22 and 6/8/22 with Staff #1 revealed: -Client #2 had dementia and wandered from the facility, leaving mostly through the front door -there was an alarm on the front door, and it sounded when Client #2 opened the door -two mattresses were recently replaced and the mattresses that were replaced were in the front</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>room</p> <p>-she did not use the mattress in front of the door to deter Client #2</p> <p>-using the mattress in front of the door to prevent Client #2 from eloping was not identified as a strategy by a supervisor or the QP.</p> <p>Interview on 6/7/22 with the QP revealed:</p> <p>-Client #2's dementia has progressed very quickly since the beginning of the year and especially in the last 2 to 3 months</p> <p>-Client #2's mother was her guardian and had not been very responsive to meet Client #2's needs for another placement</p> <p>-Client #2 had eloped from the facility</p> <p>-she needed 24 hour care; her medical needs were greater than what the facility could provide</p> <p>-she did not know that Staff #2 used a mattress to block the front door to deter Client #2 from exiting the facility; she had not seen a mattress near the front door.</p> <p>Interview on 6/8/22 and 6/10/22 with the facility's Director of IDD (Intellectual Developmental Disability) Services revealed:</p> <p>-there was a recent meeting with staff about Client #2 and using the mattress in front of the door was not discussed; she did not know it was being used in front of the door</p> <p>-she will talk to the IDD Operations Manager to have the mattresses removed</p> <p>-she will address this issue with staff immediately and provide staff training</p> <p>-she spoke to Client #2's guardian again yesterday about transferring Client #2 to a higher level of care</p> <p>-on 6/10/22, the IDD Operations Manager and the House Manager were going to the facility to remove the mattresses.</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>Review on 6/13/22 of the Plan of Protection signed by the facility's Director of IDD services and dated 6/13/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? To address this issue and to ensure the continued safety of consumers in our care:</p> <ol style="list-style-type: none"> <li>1. The identified staff member is being suspended effective immediately, pending further investigation.</li> <li>2. The IDD Services Manager and the House Manager for The River House have both ensured that the mattress topper utilized on the door has been removed.</li> <li>3. All IDD Residential Staff at The River House have been reminded that all entrances and exits should remain free of barriers at all times. This was communicated to staff via the following email on 6/10/22: Recently, a serious safety concern was made known and this email serves as a reminder for all staff to ensure that all facility exits/entrances remain clear of any barriers and clutter at all times.</li> </ol> <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> <li>1. The staff member has been notified of her indefinite suspension, today, 6/10/22. She was informed that she is not to return to work until she receives authorization to do so from HR.</li> <li>2. HR (Human Resources) and/or other internal personnel with ACS's (Appalachian Community Services) corporate entity, [ncgCARE], to conduct investigation and determine need for further action.</li> <li>3. [House Manager], to ensure staff are aware of the requirement to keep entrances and exits free, clear, and accessible and will verify no obstructions are present as of 6/10/22.</li> </ol>	V 110		

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V 110	Continued From page 5  This facility serves adult clients with diagnoses which included Major Depression, Intellectual and Developmental Disability, moderate and profound, Unspecified disruptive, Impulse Control and Conduct Disorder, Hearing Impairment and probable Major Cognitive Disorder due to Alzheimer's with behavior disturbance. The QP stated that Client #2's dementia has been progressing rapidly especially over the last 2-3 months. The facility was working with Client #2's guardian to assist in finding a higher level of care in a secure dementia care facility. Staff #2 worked at the facility from 8:00am to 8:00pm on Fridays, Saturdays and Sundays. She was the only staff on shift. Staff #2 used a mattress to block the front door to prevent Client #2 from eloping. The Director of IDD Services and the QP were not aware that Staff #2 was blocking the front door with a mattress to deter Client #2 from leaving the facility. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 110		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be	V 114		

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V 114	<p>Continued From page 6</p> <p>posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 6/3/22 of the facility's fire and disaster drills for 4/1/21-3/31/22 revealed: -no documentation that fire or disaster drills were conducted on any shift during 7/1/21-9/30/21 -no documentation that a fire or disaster drill was conducted on Tour A (Sunday to Wednesday shift) or during an overnight shift from 1/1/22-3/31/22.</p> <p>Interview on 6/1/22 with Staff #1 revealed: -her shift was from Sunday at 1:00pm to Wednesday at 8:00pm -there was a schedule for fire and disaster drills; the drills were scheduled by the office staff -she completed drills according to the schedule.</p> <p>Interview on 6/3/22 with Staff #2 revealed: -she worked Friday, Saturday and Sunday from 8:00am to 8:00pm; Staff #3 worked the overnight shifts on the weekend -Staff #1 worked the "tour" shifts (Sunday to Wednesday) -she did fire drills with the client.</p>	V 114		

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V 114	Continued From page 7  Interview and observation at 9:50am on 6/2/22 with Client #3 revealed: -they practiced fire and disaster drills -when asked where she went during a fire drill, she pointed to the stairs that lead from the back deck to the yard.	V 114		
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 was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation at 4:40pm on 6/1/22 revealed: -the smoke detector in the front room was beeping intermittently -one of two overhead lights in Client #3's bedroom was not functioning -an air intake vent approximately 2 feet by 2 feet had what appeared to be dust on the majority of the vent -on the back porch which exited from the right side of the living room, an active hornets' nest was forming next to the light fixture on the ceiling.  Interview on 6/1/22 with Staff #1 revealed:	V 736		



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V 736	<p>Continued From page 8</p> <p>-she put new batteries in the smoke detector and it still beeped; she tested it and it worked -it was connected to the wall and when one of the smoke detectors went off, they all went off -she informed the House Manager of maintenance issues who informed the facility's Operations Manager.</p> <p>Interview on 6/3/22 with Staff #2 revealed: -when there were maintenance issues, she talked to Staff #1 during the week or the House Manager on the weekend -the House Manager oversaw the house for supplies, and he consulted with the Operation Manager -the smoke detector had been beeping for a while; the batteries were changed but it still beeped.</p> <p>Interview on 6/8/22 with the facility's Director of IDD (Intellectual Development Disability) services revealed: -the facility recently had some maintenance work completed and this may be reason the smoke detector was beeping -she will notify the Operations Manager to address it.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		