

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/15/2022</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint, and follow up survey was completed on July 15, 2022. The complaints were substantiated (Intake #NC00185997 and 00186983). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(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 techniques such as those provided by Red Cross,</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff were trained to meet the needs of the clients affecting 3 of 3 audited staff (Staff #1, Staff #2, and Qualified Professional/House Manager (QP/HM)). The findings are:</p> <p>Review on 3/29/22 Client #1's record revealed: -Admitted 6/1/16; -Diagnosed with Cerebral Palsy, Quadriplegia, Cramp and Spasm, Allergic Rhinitis, Excessive and Frequent Menstruation with Regular Cycle, Right Hemiparesis Secondary to Cervical Spine Injury, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Adjustment Disorder with Depressed Mood; -Communicated using American Sign Language (ASL).</p> <p>Review on 4/1/22 of Staff #1's record revealed: -Hired 9/1/20; -Employed as Direct Support Professional (DSP); -No training in ASL.</p> <p>Review on 4/1/22 of Staff #2's record revealed: -Hired 3/1/21;</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>-Employed as DSP; -No training in ASL.</p> <p>Review on 4/1/22 of the QP/HM's record revealed: -Hired 1/14/19; -No training in ASL.</p> <p>Interview on 5/18/22 with Client #1 via two ASL Interpreters revealed: -Communicated using ASL as her primary method of communication; -Was unable to communicate with staff using ASL as no staff in the facility knew ASL.</p> <p>Interview on 3/29/22 with Staff #1, Staff #2, and QP/HM revealed: -Was not trained in ASL.</p> <p>Interview on 7/15/22 with the Qualified Professional/Quality Management Residential Specialist revealed: -Will provide staff training in ASL.</p>	V 108		
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>	V 112		

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V 112	<p>Continued From page 3</p> <p>(2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 1 of 2 audited clients (Client #1). The findings are:</p> <p>Review on 3/29/22, 4/12/22, and 4/14/22 of Client #1's record revealed: -Admitted 6/1/16; -Diagnosed with Cerebral Palsy, Quadriplegia, Cramp and Spasm, Allergic Rhinitis, Excessive and Frequent Menstruation with Regular Cycle, Right Hemiparesis Secondary to Cervical Spine Injury, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Adjustment Disorder with Depressed Mood; -Annual assessment completed 8/1/21 revealed required assistance with most activities of daily living (ADL) skills, dependent upon others for</p>	V 112		

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V 112	Continued From page 4  toileting, dressing, and transferring, communicates with American Sign Language (ASL); -Treatment plan dated 6/1/21 revealed long-term goals to acquire new and strengthen existing ADL skills, increase her community access skills and involvement in the community. Short-term goals were identified to prepare a meal, keep track of her fluid intake by using a measuring water bottle, complete hip and knee flexion and extension exercises daily, complete hip abduction and adduction exercises daily, complete heel cord stretches daily, complete inversion and eversion exercises daily, utilize a stander at least five times weekly, participate in various deaf community activities and events, utilize the library to explore volunteer activities, study and complete her assignments, increase her fitness level by participating in an activity of choice, complete artwork activity, and create a daily schedule and follow the schedule.  Interview on 5/18/22 with Client #1 via two American Sign Language Interpreters revealed: -Facility staff do implement her treatment goals because they cannot communicate with her; -Facility staff depend upon community networking staff to implement her treatment plan goals.  Interviews on 5/18/22 and 7/15/22 with the Qualified Professional/Quality Management Residential Specialist revealed: -Will ensure all Client #1's treatment plan goals are implemented by facility staff and that facility staff do not depend on community networking staff to provide Client #1's care.	V 112		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection	V 132		

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V 132	<p>Continued From page 5</p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b></p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all allegations of abuse to the Health Care Personnel Registry (HCPR) and failed to protect clients during an investigation into an allegation of abuse affecting 1 of 3 audited staff (Staff # 1). The findings are:</p> <p>Review on 3/29/22 of Client #2's record revealed: -Admitted 6/1/19; -Diagnosed with Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Depressive Disorder Not Otherwise Specified, Mild Intellectual Developmental Disability.</p> <p>Review on 3/29/22 of the facility's incident reports revealed: -Incident report completed in North Carolina Incident Response Improvement System (NC IRIS) dated 3/8/22 regarding an allegation of abuse discovered on 3/7/22 occurring 3/1/22 made by Client #2 against staff (did not identify which staff); -No notification to HCPR regarding the allegation.</p> <p>Review on 4/12/22 of the facility's Internal Investigations revealed: -An internal investigation was completed regarding the allegation of abuse made by Client #2; -The internal investigation was not completed until 3/24/22 as it was "delayed due to QM</p>	V 132		

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V 132	<p>Continued From page 7</p> <p>(Quality Management) director out on FMLA (Family Medical Leave Act);" -No notification to HCPR.</p> <p>Interview on 3/29/22 with Staff #1 revealed: -The allegation made by Client #2 in early March, 2022 involved her; -Was not suspended during the internal investigation but was allowed to continue to work with Client #2 and the other clients.</p> <p>Interview on 4/14/22 and 7/15/22 with the Qualified Professional/Quality Management Residential Specialist revealed: -There was a delay in completing the internal investigation regarding the allegation of abuse made by Client #2 because the QM Director was on FMLA; -There was no report to HCPR regarding the allegation of abuse made by Client #2 because the local Department of Social Services unsubstantiated the report; -Will ensure all allegations of abuse are reported to HCPR and clients be protected during the internal investigation.</p>	V 132		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for</p>	V 291		



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V 291	<p>Continued From page 8</p> <p>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, 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 interview and record review, the facility failed to coordinate care between the facility operator and those responsible for providing treatment affecting 2 of 2 audited current clients (Clients #1 and #2) and 1 of 1 audited former client (Former Client #3 (FC#3)). The findings are:</p> <p>Review on 3/29/22, 4/12/22, and 4/14/22 of Client #1's record revealed: -Admitted 6/1/16; -Diagnosed with Cerebral Palsy, Quadriplegia, Cramp and Spasm, Allergic Rhinitis, Excessive and Frequent Menstruation with Regular Cycle, Right Hemiparesis Secondary to Cervical Spine Injury, Deaf, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Adjustment</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>Disorder with Depressed Mood; -Physician's orders dated 12/15/20 with most recent orders dated 3/17/22 revealed: " ...check temperature twice daily ...;" -Physician's orders dated 7/16/19 with most recent orders dated 3/17/22 revealed: " ...check and record blood pressure twice a month ...;" -February, 2022 Medication Administration Record (MAR) revealed 8 missed temperature checks (2/1, 2/8 twice, 2/9, 2/16, 2/18, 2/22, 2/25) and no blood pressure checks; -March, 2022 MAR revealed 7 missed temperature checks (3/4, 3/5, 3/6, 3/9, 3/12, 3/14, 3/15, 3/16) and no blood pressure checks; -April, 2022 MAR for period 4/1/22-4/11/22 revealed 7 missed temperature checks (4/4, 4/5 twice, 4/8, 4/9, 4/10, and 4/11) and no blood pressure checks; -No documentation of treatment at a local hospital.</p> <p>Interview on 5/18/22 with Client #1 via two American Sign Language Interpreters revealed: -Staff check her temperature but not her blood pressure; -Was treated at a local hospital for urinary tract infections (UTIs) once or twice during the past three months but cannot identify specific date(s).</p> <p>Review on 3/29/22 of Client #2's record revealed: -Admitted 6/1/19; -Diagnosed with Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Depressive Disorder Not Otherwise Specified, Mild Intellectual Developmental Disability; -Physician's orders dated 12/15/20 with most recent orders dated 3/17/22 revealed: " ...check temperature twice daily ...;" -Physician's orders dated 7/16/19 with most recent orders dated 3/17/22 revealed: " ...check</p>	V 291		

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V 291	<p>Continued From page 10</p> <p>and record blood pressure twice a month ...;"</p> <p>-February, 2022 MAR revealed 27 missed temperature checks (2/1, 2/2, 2/3 twice, 2/6, 2/7, 2/8 twice, 2/9, 2/10, 2/11 twice, 2/12 twice, 2/13 twice, 2/14 twice, 2/15, 2/16, 2/17 twice, 2/18, 2/19, 2/20, 2/22, 2/25) and no blood pressure checks;</p> <p>-March, 2022 MAR revealed 14 missed temperature checks (3/13 twice, 3/15, 3/16 twice, 3/17 twice, 3/18 twice, 3/19 twice, 3/20 twice, and 3/21) and one missed blood pressure check;</p> <p>-April, 2022 MAR for period 4/1/22-4/11/22 revealed 5 missed temperature checks (4/3, 4/5, 4/6, 4/7, 4/11);</p> <p>-No documentation of treatment at a local hospital for 1/18/22-1/23/22, 4/2/22-4/3/22, and 4/13/22-4/14/22.</p> <p>Review on 4/14/22 of a list provided by the Qualified Professional/House Manager (QP/HM) identifying dates when Client #2 was out of the facility and Interview with the QP/HM revealed:</p> <p>-Client #2 was out of the facility and in the hospital on: 1/18/22-1/23/22, 4/2/22-4/3/22, and 4/13/22-4/14/22;</p> <p>-Composed this list by reviewing MARs and consulting with her supervisor;</p> <p>-Believed this list of dates to be an accurate reflection of hospital visits for Client #2;</p> <p>-In addition to the dates mentioned, there were 7 other hospital visits for which the facility had documentation of treatment and discharge instructions.</p> <p>Interview on 4/14/22 with Client #2 revealed:</p> <p>-Can use her phone and voice activated technology in her bedroom to call an ambulance when needed;</p> <p>-Called an ambulance several times in the past three months for various medical concerns;</p>	V 291		

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V 291	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-Could not identify specific dates and times when she called an ambulance;</li> <li>-Most times she called an ambulance was due to pain or discomfort associated with UTIs;</li> <li>-Went to the hospital without staff;</li> <li>-Able to identify her own medical history but unable to identify her current medications upon arrival to the hospital;</li> <li>-Did not always secure discharge paperwork from hospital staff upon discharge from the hospital;</li> <li>-Staff or her family members picked her up from the hospital upon discharge;</li> <li>-Staff checked her temperature but could not recall the last time staff checked her blood pressure.</li> </ul> <p>Review on 3/29/22 of FC#3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted 7/22/96;</li> <li>-Discharged 3/16/22;</li> <li>-Diagnosed with Multiple Sclerosis, Seizures, Mild Intellectual Developmental Disability;</li> <li>-No documentation of treatment at a local hospital for period 10/7/21-3/16/22;</li> <li>-No documentation of dental care.</li> </ul> <p>Interview on 3/30/22 with FC#3's Sister revealed:</p> <ul style="list-style-type: none"> <li>-FC#3 was treated several times at a local hospital from October, 2021 through March, 2022 for medical concerns including "severe dehydration, multiple urinary tract infections, and deadly sodium levels;"</li> <li>-Removed FC#3 from the facility after her last hospitalization as she believed FC#3 "did not receive proper care and would die" if she remained at the facility;</li> <li>-FC#3's teeth were "rotting in her mouth" when she moved out of the facility.</li> </ul> <p>Requests for hospital medical records from the local hospital on 5/27/22 were unsuccessful. No</p>	V 291		

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V 291	<p>Continued From page 12</p> <p>hospital records were received. There was no response to telephone calls or emails requesting the hospital records.</p> <p>Interviews on 3/29/22 with Staff #1 and #2 revealed: -Could not identify when or why Clients #1, #2, and FC#3 went to the hospital for medical care.</p> <p>Interviews on 3/29/22, 4/12/22, 4/14/22, and 7/15/22 with the QP/HM revealed: -Was on maternity leave from December, 2021 through March 27, 2022; -Could not identify when or why Clients #1, #2, or FC#3 went to the hospital for medical care while she was on maternity leave; -Did not know why Client #1 and #2's daily temperature checks and monthly blood pressure checks were not completed as ordered; -Qualified Professional/Quality Management Residential Specialist (QP/QMRS) was responsible for the coordination of care at the facility for only four to five weeks while she was on maternity leave with no other specific person assigned for the balance of her absence from the facility; -Recently hired a new Registered Nurse (RN) whose responsibilities now include oversight of daily temperature checks and monthly blood pressure checks; -Did not have any additional hospital medical records for Clients #1, #2, or FC#3; -Would ensure proper documentation and coordination of care when clients receive medical care in the future.</p> <p>Interviews on 3/29/22, 4/12/22, 4/14/22, 5/18/22 and 7/15/22 with the QP/QMRS revealed: -The QP/HM was on maternity leave from December, 2021 through the end of March, 2022;</p>	V 291		

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V 291	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Began oversight of the facility in March, 2022;</li> <li>-Could not identify specifics of who was responsible for oversight of coordination of care for the clients prior to March, 2022;</li> <li>-Would work with the QP/HM and RN to ensure medical needs were addressed and coordination of care existed for the clients.</li> </ul> <p>Review on 7/14/22 of the Plan of Protection signed by the QP/QMRS dated 7/13/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ul style="list-style-type: none"> <li>-Group Home Manager (QP/HM) implemented Coordination of Care Logs to coordinate care among individuals and their providers on 4/21/22.</li> <li>-Group Home Manager created an Activity Calendar for the residents to sign up for activities on 4/21/22.</li> <li>-Group Home Manager will be responsible for ensuring that blood pressure, temperature checks and catheter bag changes occur as instructed on the MAR starting 4/22/22.</li> </ul> <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> <li>-Regional Director I/DD (Intellectual Developmental Disability) will monitor, on a weekly basis, the Coordination of Care Logs to ensure that they are completed starting 4/22/22.</li> <li>-Group Home Manager will send the Activity Calendar to the Regional Director weekly for review.</li> <li>-Regular oversight, and unplanned visits by Quality Management, Regional Director will occur regularly to assess and provide feedback regarding staff involvement with residents.</li> <li>-Regional Director, Program Coordinator or the Western Regional Nurse will monitor QuickMAR weekly to make sure that blood</li> </ul>	V 291		

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V 291	<p>Continued From page 14</p> <p>pressure and temperature checks are occurring and that the catheter bag is being changed as ordered on the MAR beginning 4/22/22."</p> <p>Client #1 was diagnosed with Cerebral Palsy, Quadriplegia, Cramp and Spasm, Allergic Rhinitis, Excessive and Frequent Menstruation with Regular Cycle, Right Hemiparesis Secondary to Cervical Spine Injury, Deaf, Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, and Adjustment Disorder with Depressed Mood. Client #2 was diagnosed with Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Depressive Disorder Not Otherwise Specified, and Mild Intellectual Developmental Disability. Former Client #3 was diagnosed with Multiple Sclerosis, Seizures, and Mild Intellectual Developmental Disability. Clients #1, #2, and #3 each received treatment at a local hospital one or more times between October, 2021 and April, 2022. The facility did not secure medical records including diagnoses, treatment, and discharge recommendations which resulted in failure to coordinate care for the clients. No staff at the facility was able to identify why the clients were taken to the hospital or the treatment they received while at the hospital. The facility did not monitor daily temperature checks or bi-monthly blood pressure checks for Client #1 as medically ordered. During period 2/1/22 through 4/11/22, Client #1's temperature was not assessed 22 times and blood pressure was not assessed at all and Client #2's temperature was not assessed 46 times and her blood pressure was only assessed one-half of the time periods ordered.</p> <p>Furthermore, there was no evidence of Former Client #3 receiving dental care since 2019. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is</p>	V 291		

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V 291	Continued From page 15  imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 291		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming  10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.  This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure dignity and humane care in the provision of personal	V 540		



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V 540	<p>Continued From page 16</p> <p>health affecting 1 of 2 audited clients (Client #2). The findings are:</p> <p>Review on 3/29/22 of Client #2's record revealed:                      -Admitted 6/1/19;                      -Diagnosed with Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Depressive Disorder Not Otherwise Specified, Mild Intellectual Developmental Disability;                      -Treatment plan dated 5/6/21 revealed Client #2 required "...supports in all daily living and self-help needs due to the gross and fine motor deficits resulting from the previous diagnosis of spastic quadriplegia ...total assistance with bathing and personal hygiene needs ...;"                      -Suprapubic tube catheter and bag must be emptied throughout the day at least every 2-4 hours and flushed at least twice weekly as well as bags cleaned twice daily.</p> <p>Interview on 3/30/22 with Client #2's Legal Guardian/Mother revealed:                      -Client #2 required 24 hour care and was totally dependent upon others for dressing, toileting, and hygiene;                      -Client #2 had a history of frequent urinary tract infections (UTIs);                      -Client #2 had a suprapubic tube catheter and wore a leg bag during the day and a different bag at night which hung on the bed;                      -The bags needed to be emptied, cleaned with vinegar and water, and flushed daily;                      -The bags were to be left to dry after cleaning;                      -Staff did not close the bags carefully when they hung the bags to dry allowing urine to drip onto the carpet and clothing when hung in the closet to dry;                      -Client #2's room and personal belongings smelled of urine as a result of the method in which staff emptied, cleaned, and hung the</p>	V 540		

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V 540	<p>Continued From page 17</p> <p>catheter bags.</p> <p>Interview on 4/14/22 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Staff frequently spilled urine on her bed and on her carpeted bedroom floor when they provided care as a result of the suprapubic tube catheter and bag changes;</li> <li>-Urine dripped on her clean clothing and personal belongings when staff did not clean the catheter bags properly or did not plug the bags properly before hanging them to dry in her closet;</li> <li>-Did not know why staff could not hang the bags elsewhere to dry so that her clothing would not smell of urine;</li> <li>-Family members and church friends visited her and commented or complained about her bedroom smelling of urine;</li> <li>-Was upset that her clothing and personal belongings were ruined as a result of urine dripping from the catheter bags as they hung in her closet draining;</li> <li>-Was embarrassed about the way her bedroom and her clothing smelled as a result of urine leaking on her bed, carpeted floor, and clothing in her closet;</li> <li>-Was embarrassed when told by others that they could feel the sticky buildup of urine on the carpeting when they entered her bedroom.</li> </ul> <p>Interview on 4/14/22 and 4/18/22 and 7/15/22 with the Qualified Professional/House Manager (QP/HM) revealed:</p> <ul style="list-style-type: none"> <li>-Client #2's bedroom carpeting was soiled over the years with spilled urine;</li> <li>-Client #2's bedroom carpeting was cleaned in the past, but it did not result in the elimination of the urine smell;</li> <li>-Wanted to remove Client #2's carpeting and replace it with vinyl flooring;</li> <li>-Client #2's bedroom carpeting was removed in</li> </ul>	V 540		

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V 540	<p>Continued From page 18</p> <p>May, 2022 and vinyl flooring was installed after carpet cleaning was unsuccessful in removing the urine smell.</p> <p>Interview on 7/15/22 with the Qualified Professional/Quality Management Residential Specialist (QP/QMRS) revealed: -Client #2's bedroom carpeting was removed, and vinyl flooring was installed; -Staff were re-trained in cleaning Client #2's catheter and catheter bags; -Client #2's catheter bags are now hung to dry in the utility room.</p> <p>Observation on 4/14/22 at approximately 10:40am of Client #2's bedroom revealed: -Strong urine smell upon entering the bedroom; -Bedroom carpeting sticky underfoot resulting in shoes sticking to the slippery, moist surface of the carpeting; -Several catheter bags hung in the closet on the clothing pole drying while clothing and personal items were stored below and beside the catheter bags.</p> <p>Review on 7/14/22 of the Plan of Protection signed by the QP/QMRS dated 7/13/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -[Local carpet cleaning company] will be coming today 4/21/22 to assess the carpet and will provide an estimate and schedule a carpet cleaning appointment. -Staff will be trained on proper protocols for washing, drying and proper storage of catheter bags on 4/28/22. -Regional Director contacted maintenance on 4/22/22 to complete repairs for painting, carpet replacement and repairs to wall. Describe your plans to make sure the above</p>	V 540		

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V 540	<p>Continued From page 19</p> <p>happens.</p> <ul style="list-style-type: none"> <li>-Staff will complete cleaning logs daily that will be monitored weekly by the Group Home Manager (QP/HM).</li> <li>-The Group Home Manager will schedule routine carpet cleaning of [Client #2's] bedroom (every 3 months).</li> <li>-Carpet was cleaned on 4/23/22.</li> <li>-Carpet was replaced with vinyl flooring on 5/9/22.</li> <li>-Staff will be trained on proper protocols for washing, drying and proper storage of catheter bags on 4/28/22.</li> <li>-Catheter bags are washed, dried and stored in a container.</li> <li>-Regional Director will follow up with maintenance to ensure all painting and repairs are completed."</li> </ul> <p>Client #2 was diagnosed with Spastic Quadriplegic Cerebral Palsy, Panic Disorder with Agoraphobia, Depressive Disorder Not Otherwise Specified, and Mild Intellectual Developmental Disability. She had a suprapubic tube catheter and wore a leg bag during the day and a different bag at night. She was totally dependent upon caregivers for dressing, toileting and hygiene. Urine was repeatedly spilled on her bed, clothing, personal possessions, and bedroom carpeting resulting in a strong smell of urine in her bedroom and on her clothing and personal belongings. Client #2 was embarrassed of the intense and foul smell of urine from her bedroom and the sticky buildup in the bedroom carpet. Furthermore, Client #2 was upset about her clothing and personal belongings smelling of urine as a result of the catheter bags which were hung daily in her closet and dripped urine on her personal clothing and belongings. This deficiency constitutes a Type A1 rule violation for serious</p>	V 540		

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V 540	Continued From page 20  neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 540		
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 interview and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:  Observation on 4/14/22 at approximately 10:40am of Client #2's bedroom revealed: -Strong urine smell upon entering the bedroom; -Bedroom carpeting sticky underfoot resulting in shoes sticking to the slippery, moist surface of the carpeting; -Several catheter bags hung in the closet on the clothing pole drying while clothing and personal items were stored below and beside the catheter bags.  Observation on 4/18/22 at approximately 10:15am-10:50am revealed: -Hallway bathroom #1 had exposed framing	V 736		

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V 736	<p>Continued From page 21</p> <p>members after sheetrock had been cut away on two walls (over the doorway on the interior of the room and on the wall adjacent to the shower unit);</p> <ul style="list-style-type: none"> <li>-Hallway bathroom #2 had uneven sheetrock patches on the wall opposite the doorway and behind the toilet;</li> <li>-Hallway area directly outside bathroom #2 had stained wallboard and a shelf which was dirty with spills and marks;</li> <li>-Multiple doorways and corners of rooms and hallways were dirty with scratch marks from extensive wear;</li> <li>-HVAC exchange grate was dirty with dust and grime;</li> <li>-Wallboard by HVAC exchange grate had peeling paint and was dirty with scratch marks from extensive wear;</li> <li>-Living room paint was peeling and chipped;</li> <li>-Baseboards in bathrooms, hallways, and common areas were dusty and dirty.</li> </ul> <p>Interview on 4/14/22 and 4/18/22 and 7/15/22 with the Qualified Professional/House Manager (QP/HM) revealed:</p> <ul style="list-style-type: none"> <li>-Client #2's bedroom carpeting was soiled over the years with spilled urine;</li> <li>-Client #2's bedroom carpeting was cleaned in the past, but it did not result in the elimination of the urine smell;</li> <li>-Wanted to remove Client #2's carpeting and replace it with vinyl flooring;</li> <li>-Client #2's bedroom carpeting was removed in May, 2022 and vinyl flooring was installed after carpet cleaning was unsuccessful in removing the urine smell.</li> </ul> <p>Interview on 7/15/22 with the Qualified Professional/Quality Management Residential Specialist revealed:</p>	V 736		

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V 736	Continued From page 22  -The QP/HM implemented a cleaning schedule for staff to address maintenance of the facility; -Client #2's bedroom carpeting was removed, and vinyl flooring was installed; -Staff were re-trained in cleaning Client #2's catheter and catheter bags; -Client #2's catheter bags are now hung to dry in the utility room.	V 736		