

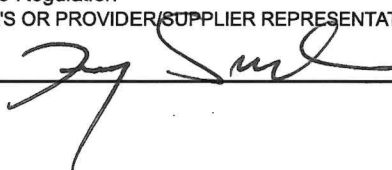
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL009-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2022
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NAME OF PROVIDER OR SUPPLIER CAROLINAS HOME CARE AGENCY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD BLADENBORO, NC 28320
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 26, 2022. Deficiencies were 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> <p>RECEIVED by Mental Health Licensure & Certification 11/23/22</p> </div>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
QP

(X6) DATE
11-21-2022

Division of Health Service Regulation

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting application standards of practice for the use of blood glucose testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 10/26/22 of the facility records revealed: -There was no CLIA certificate for the facility. -A CLIA certificate for a sister facility.</p> <p>Review on 10/25/22 and 10/26/22 of client #1's record revealed: -66 year old male. -Admitted on 3/22/11. -Diagnoses of Atypical psychosis, Impulse Disorder, Moderate Intellectual Disability, Fluid Retention, Diabetes and High Cholesterol.</p> <p>Interview on 10/26/22 client #1 stated: -Staff checked his blood sugar daily.</p> <p>Interview on 10/26/22 the Qualified Professional stated: -Staff checked the client's blood glucose. -He had submitted a multi-site CLIA waiver. -He had always listed multiple facilities on the CLIA waiver.</p> <p>Interview on 10/26/22 the Licensee stated: -Multiple facilities were included on the CLIA waiver. -She understood a CLIA waiver was needed for</p>	V 105		

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V 105	Continued From page 3 the facility.	V 105	QP prepared the necessary documentation to acquire the appropriate CLIA Waiver for each facility.	11-21-2022
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 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.	V 108		

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V 108	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 staff (staff #1, staff #7, Qualified Professional (QP)) were trained in cardiopulmonary resuscitation (CPR)/first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence. The findings are:</p> <p>Finding #1 Review on 10/26/22 of staff #1's personnel record revealed: -Hire date 6/23/08. -No evidence staff #1 completed an approved skills portion for CPR/first aid certification.</p> <p>Interview on 10/26/22 staff #1 stated: -He completed an in person CPR/first aid certification with the facility's nurse.</p> <p>Finding #2 Review on 10/26/22 of staff #2's personnel record revealed: -Hire date 9/25/18. -No evidence staff #1 completed an approved skills portion for CPR/first aid certification.</p> <p>Interview on 10/26/22 staff #2 stated: -She completed the CPR/first aid certification last year. -A portion of the training was completed online and "some with a mannequin" in person. -She could not recall who lead the in person session of the training.</p> <p>Finding #3 Review on 10/26/22 of the QP's personnel record revealed:</p>	V 108		
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V 108	<p>Continued From page 5</p> <p>-Hire date 11/10/04.</p> <p>-No evidence the QP completed an approved skills portion for CPR/first aid certification.</p> <p>Interview on 10/26/22 the QP stated: -He completed his CPR/first aid certification last year but did not recall who lead the training.</p> <p>Interview on 10/26/22 the Licensee stated: -Staff completed their CPR/first aid certification online. -She was told staff could complete their CPR/first certification online if they completed a skills portion. -Staff completed the skills portion with an uncertified instructor at the office.</p>	V 108	ALL staff completed CPR/FIRST AID	10- 31- 2022
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p>	V 364		

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V 364	<p>Continued From page 6</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the</p>	V 364		
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V 364	<p>Continued From page 7</p> <p>client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental</p>	V 364		

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V 364	<p>Continued From page 8</p> <p>disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p>	V 364		

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V 364	<p>Continued From page 9</p> <p>(10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by:</p>	V 364		

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V 364	<p>Continued From page 10</p> <p>Based on observation and interview, the facility failed to ensure clients had access to individual storage space for private use affecting 2 of 5 clients audited (clients #4 and #5). The findings are:</p> <p>Observations at approximately 12:30 pm on 10/25/22 revealed:</p> <ul style="list-style-type: none"> -1 closet in the bedroom of clients #4 and #5. -1 bar inside the closet that could be used for hanging clothes. -No clothing of either client was hanging or found to be stored in the closet. -The closet was being used for facility storage to include, but not limited to, the following: <ul style="list-style-type: none"> -Out of service chest freezer -Generator -Holiday decorations -3 boxes of incontinent supplies -1 Vacuum cleaner -4 crutches <p>Interview on 10/26/22 client #5 stated:</p> <ul style="list-style-type: none"> -He had clothing that one would hang in a closet. -He hung his clothing in his closet "yesterday." <p>Interview on 10/26/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The generator had been moved from off site storage to the facility "a couple of weeks" prior in anticipation of a storm. -The generator had not been used. -The staff should have returned the generator to offsite storage. <p>Interview on 10/26/22 the Licensee stated:</p> <ul style="list-style-type: none"> -She was not aware the staff were using the closet for facility storage. -The generator had been returned to offsite storage. 	V 364	<ul style="list-style-type: none"> - Chest Freezer and 4 crutches were removed on the same day of the exam to a nearby trash collector site. - The generator was moved to a local storage paid site. - Holiday decorations and vacuum cleaner was relocated to another closet upstairs in the home. - 3 boxes of incontinent supplies belong to the client that resides in that particular bedroom. - 	10-26-2022

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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 10/25/22 between 11:55 am and 12:30 pm revealed: -Hall bathroom: -Floor made a squeaking sound and would shift underfoot. -Window blinds were covered with dust particles. -Small wasp nest in upper left corner of the window. -Approximately 90% of the ceiling was covered by a gray discoloration with 3 small areas, approximately 2 inches in diameter, of textured paint peeling away from the surface. -Base of the free-standing toilet paper holder covered in rust colored pitting. -Paint worn from door facing surface. -No faceplate on the door frame for the lock/latch mechanism. Bedroom of clients #4 and #5: -Bleached out carpet stains at the foot of the bed next to the window, extending approximately 3 feet diagonally from one side of the foot board</p>	V 736	<p>- Hall bathroom: -Floor made a squeaking sound and would shift underfoot. Repaired by hired handyman.</p> <p>-Window blinds were covered with dust was thoroughly clean by group home staff.</p> <p>-Small wasp nest in upper left corner of the window was removed by staff.</p> <p>-Approximately 90% of the ceiling was covered by a gray discoloration with 3 small areas, approximately 2 inches in diameter, of textured paint peeling away from the surface was repaired by handyman.</p> <p>- Base of the free-standing toilet paper holder covered in rust colored pitting was replaced with toilet holder.</p> <p>-Paint worn from door facing surface. -No faceplate on the door frame for the lock/latch mechanism was repaired by handyman.</p> <p>Bedroom of clients #4 and #5: -Bleached out carpet stains at the foot of the bed next to the window, extending approximately 3 feet diagonally from one side of the foot</p>	<p>11-22-2022</p> <p>10-26-2022</p> <p>10-26-2022</p> <p>11-22-2022</p> <p>11-22-2022</p> <p>11-22-2022</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL009-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2022
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NAME OF PROVIDER OR SUPPLIER CAROLINAS HOME CARE AGENCY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD BLADENBORO, NC 28320
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V 736	<p>Continued From page 12</p> <p>to the opposite corner of the dresser. -Client #4's dresser: 1 drawer off track and difficult to open and close. 1 drawer had no handle or knob to open/close drawer. -Client #5's dresser: Left top drawer would not close. Left middle drawer had no handle or knob to open/close. -Carpet frayed and worn on the steps from the kitchen into the bedroom.</p> <p>This deficiency has been cited 6 times since the original cite on 2/22/17 and must be corrected within 30 days.</p>	V 736	<p>board to the opposite corner of the dresser new carpet will be ordered for rooms #4 and #5. -Carpet frayed and worn on the steps from the kitchen into the bedroom.</p> <p>-Client #4 dresser: 1 drawer off track and difficult to open and close. 1 drawer had no handle or knob to open/close drawer. Dresser will be placed back on track by staff with all new handles and knobs.</p>	11-22-2022 11-22-2022
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 10/25/22 between 11:55 am and 12:30 pm revealed: - The hot water temperature at the kitchen sink was 126 degrees Fahrenheit.</p>	V 752		11-22-2022

Division of Health Service Regulation

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V 752	<p>Continued From page 13</p> <ul style="list-style-type: none"> - The hot water temperature at the hall bathroom sink was 126 degrees Fahrenheit. - The hot water temperature at the bathtub faucet in the hall bathroom was 130 degrees Fahrenheit. - The hot water temperature at the bathroom sink in client 2's room was 126 degrees Fahrenheit. <p>Interview on 10/26/22 client #3 stated: -"The shower is hot and will burn the h--l out of you." -She could independently adjust the water temperature, so it did not burn her.</p> <p>Interview on 10/26/22 Staff #7 stated: -Staff would assist client #1 in and out of the shower and help him adjust the water temperature. -He had "turned down" the hot water heater thermostat on 10/25/22. -The hot water heater thermostat had 3 printed temperature settings and they were 90, 125, and 150. -He turned the hot water heater gauge to somewhere between the 90 and 125, trying to estimate a setting around 105 degrees. -He did not have a thermometer to measure the water temperature after he adjusted the hot water heater thermostat. -He was not sure, but he thought the thermostat had been set somewhere between 115 and 120 before he made the adjustment. -He was not aware of any procedure for staff to routinely check or record hot water temperatures.</p> <p>Interview on 10/26/22 the Licensee stated the hot water heater had been adjusted on 10/26/22 and the water temperature had been confirmed to be within the acceptable range.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 752		

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V 752	Continued From page 14 and must be corrected within 30 days.	V 752	Hot water was turned down to 116 degrees on day of exam.	10-26-2022