

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD B		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD B SHELBY, NC 28152		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 19, 2023. 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 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p> <p>This facility is located in the same building as two sister facilities. The sister facilities will be identified as sister facility A and sister facility C. Sister facility staff and clients will be identified using the letter of the facility and a numerical identifier.</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</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>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 record reviews and interviews, the facility failed to develop and implement treatment strategies to address community employment affecting 1 of 2 clients (Client #2). The findings are:</p> <p>Review of Client #2's record revealed: -Date of Admission: 10-5-18 -Diagnoses: Mild Intellectual Developmental Disability, Impulse control and conduct disorder -Treatment plan dated 7-18-22 did not include an assessment or approval for unsupervised time or treatment strategies to address community employment.</p> <p>Interview on 1-10-23 with Client #2 revealed: -Had lived in Charles Road B for almost 5 years. -Worked in the community on her own about 20 hours a week. -The facility staff would transport her to work, drop her off, and pick her up. -Did not have a job coach/support.</p> <p>Interview on 1-10-23 with the Qualified</p>	V 112		

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V 112	Continued From page 2 Professional (QP) revealed: -The treatment plan should reflect unsupervised time. -Had not written the current treatment plan, it was completed by previous QP. -The Local Management Entity wrote the Individual Support Plan for the client, but the facility would provide the necessary information needed. -Client #2 works about 15 hours in the community without a job coach. Interview on 1-11-23 and 1-13-23 with the Community Services Regional Director revealed: -Client #2 is the only client that works in the community unsupervised. -"The care coordinator probably did her (client #2) treatment plan but we should have had input." -The facility provided transportation to and from her employment. -The former QP was here for 5 years. "He took care of the individuals. Within the last two years, things went downhill. The first three years, I didn't see him be this disorganized." Interview on 1-17-23 with the CEO revealed: -"I thought we had the evaluations." (for the client having unsupervised time) -"I know we screwed up with paperwork." -"We don't have time to follow up like we should on paperwork ..." -"We didn't have the written evaluation but it was verbally thought out." -"We absolutely screwed up in not getting documented what needed to get documented."	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF	V 290		

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V 290	Continued From page 3 (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 emergency back-up procedures determined by the governing body; or (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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (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	V 290		

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V 290	<p>Continued From page 4</p> <p>drug addiction; and (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 interviews and record reviews, the facility failed to maintain one staff member present at all times when an adult client was on the premises affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review of Client #1's record revealed: -Date of Admission: 11-26-21. -Diagnoses: Mild Intellectual Developmental Disability, Bipolar Disorder, Anxiety Disorder, Oppositional Disorder. -Treatment plan dated 10-1-22 did not have an assessment which determined the clients capability for unsupervised time.</p> <p>Review of Client #2's record revealed: -Date of Admission: 10-5-18. -Diagnoses: Mild Intellectual Developmental Disability, Impulse control and conduct disorder. -Treatment plan dated 7-18-22 did not have an assessment which determined the clients capability for unsupervised time.</p> <p>Review on 1-13-23 of the facility client census/vacant bed report for November and December 2022 revealed: -In November 2022 there were 4 days (11-23, 11-24, 11-25, and 11-26) where no clients were in the facility due to being out on leave. -In December 2022 there were 2 days (12-24 and 12-25) where no clients were in the facility due to</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>being out on leave.</p> <p>Review on 1-13-23 of a weekly schedule revealed:</p> <ul style="list-style-type: none"> -During the week, second shift staff were scheduled to arrive between 2:30 pm - 4 pm. -Clients would return home from work/day program at approximately 4 pm. <p>Review on 1-12-23 and 1-17-23 of time sheets for November and December 2022 revealed:</p> <ul style="list-style-type: none"> -November 2022: 21 of 26 days where at some point there was not a staff person present while clients were present. -11-1 no staff between 4:11 pm - 10:40 pm. -11-2 no staff between 5:42 pm - 10:53 pm. -11-3 no staff between 12:03 pm - 10:11 pm. -11-4 no staff on second shift until 8:07 pm. -11-5 (Saturday) no staff between 7:00 am - 8:31 pm. -11-6 (Sunday) no staff between 8:20 am - 9:47 pm. -11-7 no staff on second shift until 8:55 pm. -11-8 no staff on second shift until 8:46 pm. -11-9 no staff on second shift until 11:00 pm. -11-10 no staff on second shift until 10:32 pm. -11-11 no staff on second shift until 7:43 pm. -11-13 (Sunday) no staff between 8:33 am - 9:57 pm. -11-14 no staff on second shift until 10:35 pm. -11-15 no staff on second shift until 10:47 pm. -11-16 no staff on second shift at all. -11-17 no staff from midnight until the clients left for work/day program (approximately 8:00 am - 8:30 am). No staff on second shift until 10:00 pm. -11-20 (Sunday) no staff between 8:03 am - 10:14 pm. -11-21 no staff on second shift until 9:08 pm. -11-22 no staff on second shift until 10:52 pm. 	V 290		

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V 290	Continued From page 6 -11-28 no staff on second shift between 4:58 pm - 10:38 pm. -11-29 no staff on second shift until 10:39 pm. -December 2022: 13 of 29 days where at some point there was not a staff person present while clients were present. -12-2 no staff from 9:45 pm - midnight. -12-4 (Sunday) no staff between 8:04 am - 11:00 pm. -12-5 no staff from midnight until the clients left for work/day program (approximately 8:00 am -8:30 am). -12-6 no staff on second shift between 9:57 pm - 11:00 pm. -12-6 Staff #3 clocked in at 11 pm but did not clock out. 10 hours was recorded as working time. Unable to determine if staff worked over through the next morning as no one was documented having worked from midnight to wake up on 12-7. -12-7 Staff #3 clocked in at 10 pm but did not clock out. 10 hours were recorded as working time. Unable to determine if staff worked over through the next morning as no one was documented having worked from midnight to wake up on 12-8. -12-8 no staff on second shift between 3:19 pm - 6:36 pm. -12-9 no staff on second shift until 8:34 pm. -12-10 (Saturday) no staff between 9:03 am - 1:12 pm and no staff between 5:25 pm - 8:16 pm. -12-18 (Sunday) no staff between 8:08 am - 6:24 pm. -12-20 no staff documented from midnight until the clients left for work/day program (approximately 8:00 am -8:30 am). -12-21 no staff on second shift between 9:13 pm - 10:08 pm. -12-22 no staff on second shift until 10:16 pm.	V 290		

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V 290	<p>Continued From page 7</p> <p>-12-23 no staff on second shift until 7:54 pm.</p> <p>Interview on 1-10-23 with Client #1 revealed: -Staff would check in every few minutes " ...bouncing back and forth." (between Charles Road B and Sister Facility C) -During overnight, staff stays in Sister Facility C but checked in on Charles Road B.</p> <p>Interview on 1-10-23 with Client #2 revealed: -Had lived in Charles Road B for almost 5 years. -"Staff pops in and out the whole shift." -"Overnight staff will check on us to see if we are asleep. They stay in [Sister Facility C]."</p> <p>Interview on 1-10-23 with Client #C1 revealed: -Staff go back and forth between Charles Road B and Sister Facility C. -Staff are in Sister Facility C overnight.</p> <p>Interview on 1-10-21 with Client #C2 revealed: -During the night, Staff would watch tv " ...they watch it on our side." -Sometimes staff would be in Sister Facility A at night.</p> <p>Interview on 1-10-23 with Staff #1 revealed: -The clients in Charles Road B and Sister Facility C were " ...pretty much low key." -Would go between Charles Road B and Sister Facility C " ...back and forth all the time." -There had been only "one staff as long as I have been here." (for Sister Facility B and Sister Facility C) -"[Staff #A1] works the whole building sometime." (Charles Road B and Sister Facilities A and C)</p> <p>Interview on 1-11-23 with Staff #2 revealed: -When working between Charles Road B and Sister Facility C, would go back and forth to make</p>	V 290		

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V 290	<p>Continued From page 8</p> <p>sure they were doing chores and hygiene. -Charles Road B mainly required supervision so that they remained on task. -Would usually spend the majority of her time in Sister Facility C when working in Charles Road B.</p> <p>Interview on 1-9-23 with Staff #A2 revealed: -Mostly worked in Charles Road A but had covered the Sister Facilities B and C at the same time as the only staff. -Charles Road B and Sister Facility C clients were more independent. -"Mainly I sit with the guys (Sister Facility C) ...but I go back and forth and check on them (clients in Sister Facilities B and C)."</p> <p>Interview on 1-12-23 with Staff #A1 revealed: -"I work by myself all the time." (Covering Charles Road B and Sister Facilities A and C). -Would go from apartment to apartment (between Charles Road A to Sister Facilities B and C) to make sure they have what they need. -"I can pretty much handle it by myself." (cover all three facilities at once) -"If I am by myself (covering all three facilities), the girls (Charles Road B) will automatically do their stuff and chill."</p> <p>Interview on 1-17-23 with Staff #A3 revealed: -"We have been short staffed for a long time." -"I haven't done it in a while." (covered for all facilities at once) -The clients very seldom have negative behaviors.</p> <p>Interview on 1-11-23 with the Staff #A House Manager revealed: -One staff covered both Charles Road B and Sister Facility C. -"[Staff #A1] has been here alone a lot of times."</p>	V 290		

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V 290	<p>Continued From page 9</p> <p>She usually worked second shift. - "She just runs back and forth the whole time she is here." (when covering for all facilities at once)</p> <p>Interview on 1-9-23, 1-10-23 and 1-11-23 with the Qualified Professional (QP) revealed: - Since being employed, Charles Road B and Sister Facility C always had one staff. One staff covered both facilities at the same time. - The clients in Charles Road B and Sister Facility C were more independent and only one staff worked to cover both facilities. - Was trained by the previous QP and " ...I was told it was in their plans they could stay independently for 2 hours in B and C." - "Recently there has been situations where we had one staff for the whole facility (Charles Road B and Sister Facilities A and C) ...We are just short staffed right now." - Clients would arrive home from work/day program around 4 pm. - "If someone doesn't show, I'll ask if they (staff going off shift) can stay a few minutes. I will come if I can't find someone until I can find someone. Sometimes I can find someone, sometimes I can't." - The last two months have been more frequent with having just one staff cover all three facilities. - "Lost a house manager and then a third shift staff. Lost a lot of staff 3 months ago."</p> <p>Interview on 1-11-23 with the Community Services Regional Director revealed: - "I think it has been a big issue, staffing during COVID." - Have had staffing issues for all 3 facilities. - "I didn't understand that there were not people working." - "I don't think we are providing a dangerous environment, but it could run a whole lot better."</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>Interview on 1-17-23 with the Chief Executive Officer (CEO) revealed: -"I knew that we had the shared staff between the two apartments (Charles Road B and Sister Facility C). I thought we had the evaluations (unsupervised time assessments)." -"Unfortunately with the way staff is right now, we are short and trying to keep people safe." -"We would have never put in anyone in those apartments (Charles Road B and Sister Facility C) that couldn't handle it." -"I can assure you it is a thoughtful process who goes into those homes due to staffing." -"Honestly I was not aware that had happened. That definitely needs to be addressed." (sharing staff between Charles Road B and Sister Facilities A and C) -"We definitely screwed up in not getting documented what needed to get documented."</p> <p>Review on 1-13-23 of the Plan of Protection dated 1-13-23 written by the Community Services Regional Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will ensure that the staff schedule is maintained with a staff present for all individuals in Charles Road B and C at all times. This staff will not be used for staffing Charles Road A. The staffing schedule will be posted every two weeks in the facility to ensure that staff know their time and place of work. If a staff will not be able to work their schedule, then they will inform the 'Q' (QP) for the facility at least four hours before the beginning of shift. The 'Q' will then ensure that a staff person is obtained for the vacant shift. The 'Q' will be responsible for ensuring that the Regional Director has a copy of the staffing</p>	V 290		

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V 290	<p>Continued From page 11</p> <p>schedule and is made aware of any changes to the schedule.</p> <p>Care Coordinators and guardians will be contacted immediately to obtain a verbal consent for unsupervised time for these individuals in B. Care Coordinators will also be requested to review plans for all individuals in both Charles Road B and C to ensure that the treatment team agrees with unsupervised time for individuals living in these apartments. The plan will then be revised in order to reflect approved unsupervised time appropriate for each individual. Risk Assessments will also be reviewed in order to reflect appropriate amount of supervision and ensure that it is reflected in the assessment. Describe your plans to make sure the above happens.</p> <p>The Regional Manager will check weekly with the supervising 'Q' to ensure that schedules have been followed.</p> <p>The Regional Manager will also check with staff on shift at varying times to ensure that two staff are present at all times when individuals are present in the facilities."</p> <p>The facility served 2 adult clients whose diagnoses included Mild Intellectual and Developmental Disability, Bipolar Disorder, Anxiety Disorder, Oppositional Disorder, and Impulse control and conduct disorder. The facility was located in a building that was also occupied by Sister Facilities A and C. There were 21 days in November 2022 and 13 days in December 2022 where at some point there was not a staff present while clients were present. The clients required supervision and were not assessed or approved for unsupervised time. Staff from Sister Facilities A and/or C would cover the lapse of time where no staff was present for Charles Road B. Staff that was assigned and clocked in as working</p>	V 290		

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V 290	Continued From page 12 for Charles Road B would also work to cover Sister Facility C at the same time. Staff would cover these shifts ranging from minutes to several hours. 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 administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 290		
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 kept in a safe, clean, attractive and orderly manner. The findings are: Observation on 1-9-23 at 2:58pm revealed: -The refrigerator and freezer doors had multiple (8-12) rust spots varying in size. -The free-standing electric range had rust all around the edges of the oven door and storage drawer. -The electronic control pad was separated from the housing of the unit. -The electronic control pad appeared operational as the clock was working.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD B		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD B SHELBY, NC 28152		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 13</p> <p>-The cooktop is a smooth surface. The light indicating "cooktop on" was on even though all burner knobs were positioned to off and the stove top was cold to the touch.</p> <p>Interview on 1-9-23 with the Qualified Professional (QP) revealed:</p> <p>-The rust had been an issue in this particular facility.</p> <p>-The maintenance department painted over the rust on the door but have done nothing about the refrigerator.</p> <p>Interview on 1-11-23 with the Community Services Regional Director revealed:</p> <p>-Was aware of the issues with refrigerator and stove.</p>	V 736		