Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-099	A. BUILDING: _____ B. WING _____	R 01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSS LANE I	42424 MOSS LANE NEW LONDON, NC 28127

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on January 11, 2023. The complaint was substantiated (Intake #NC00194849). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. A sister facility was identified in this report. The sister facility will be identified as facility A. Staff will be identified using the letter A and a numerical identifier. The facility is licensed for three beds and currently has a census of two. The survey sample consisted of audits of two current clients.	V 000	V 290 RHA Health Services will ensure appropriate supervision by direct support staff is in place at the facility AEB: • Residential Team Leader (RTL) will ensure appropriate staffing is in place on each schedule to ensure supervision is in the facility daily. • QP and RTL will communicate any scheduled or unscheduled therapeutic leave for the people supported at the facility. • QP will in-service all direct care staff to communicate at shift exchange all information needed for each person supported to ensure safety and continuous staff supervision including scheduled return times from therapeutic leave. • QP will in-service all direct care staff to keep the facility locked if no one is in the facility to avoid anyone going inside without appropriate supervision. • QP and RTL will ensure appropriate back-up staffing, including providing the back-up staffing personally, is in place to ensure no breach in supervision occurs. • QP and RTL will develop and implement an emergency plan if scheduled staffing and back-up staffing systems fail. Approved safety plan will be in-serviced with all direct care staff for the facility. Continued pg 2	4/11/23
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:	V 290		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [redacted] | TITLE Director of Operations | (X6) DATE 1/16/2023

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V 290	Continued From page 1 (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 drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that there was a staff present with two of two audited clients (#1 and #2) at all times. The findings are: Review on 12/13/22 of client #1's record revealed: -Admission date of 7/20/18. -Diagnoses of Intermittent Explosive Disorder, Mild Intellectual Developmental Disability, Autism	V 290	Continued from pg 1 V290 This will be monitored by the Program Manager, QP, Vocational Program Manager, RTL and other clinical team members completing unannounced and routine visits to the facility weekly for 45 days to ensure compliance with all applicable procedures. All assessments are monitored monthly during the Safety and CQI meetings.	

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V 290	Continued From page 2 Spectrum Disorder with Accompanying Intellectual Impairment, Gastro-esophageal Reflux Disease, Unspecified Obsessive Compulsive and Related Disorder, Unspecified Schizophrenia Spectrum and other Psychotic Disorder, Hyperlipidemia, Obesity, Drug-induced tremor and Unspecified Urinary Incontinence. -A behavior support plan dated 10/1/22 addressed behaviors of physical aggression, property destruction and emotional outbursts. Review on 12/13/22 of client #2's record revealed: -Admission date of 7/20/18. -Diagnoses of Moderate Intellectual Developmental Disability, Mixed Obsessional thoughts and Acts, Mixed Hyperlipidemia, Iron Deficiency, Type 2 Diabetes, Neoplasm of unspecified nature of endocrine glands and other parts of nervous system, Obesity, Other unspecified disorders of eating and Testicular Hypofunction Review on 12/13/22 of an internal incident report dated 10/29/22 revealed: - "Allegation of neglect: Care manager reports on 10/29/22. [Client #1] was left alone at the group home for approximately 1 hour unsupervised." Review on 12/13/22 of the Incident Report Improvement System (IRIS) report dated 11/3/22 revealed: - "On 11/3/22 at 8:56am the Director of Operations and Program Manager received an email from [Client #1] Care Manager at a Local Management Entity reporting an allegation of neglect on [Client #1] which occurred on 10/29/22. The allegation reported was [Client #1] was left alone at the facility for approximately 1 hour unsupervised until direct care staff arrived at	V 290		

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V 290	Continued From page 3 the facility after he was returned from a therapeutic leave visit with his uncle. This is an isolated incident, and the accused [Staff #1] has been suspended pending an internal investigation. [Client #1] was not injured from this incident." An interview was attempted on 12/13/22 and 12/14/22 with client #1 but he declined. Interview on 12/14/22 with staff #1 revealed: -She was aware of the incident regarding client #1 being left alone at the facility. -She was assigned to work that day at another facility within the agency. -She went over to the facility to prepare client #1 and client #2 for their day visit with family member. -She returned to her assigned work location at another facility. -Her shift ended at 1pm and she was relieved by another staff member. -Confirmed that both clients left the facility on day visits and would return later that afternoon. -Confirmed she did not communicate with relief staff that clients were out on day visits and their times of return to the facility. Interview on 12/14/22 with staff #A2 revealed: -He worked next door at the sister facility. -Client #2 came over to sister facility and said no staff was in the facility. -He walked over to the facility and saw client #1. -Client #2's father stated they arrived at the facility and client #1 was sitting in the facility. -Client #2 arrived back to the facility between 2pm-2:30pm. -He notified the Sister Facility Residential Team Leader (SFRTL) that client #1 was in the facility alone.	V 290		

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V 290	Continued From page 4 -He remained at the facility until the SFRTL arrived. -SFRTL remained at the facility until the assigned staff arrived at the facility. Interview on 12/14/22 with the Sister Facility Residential Team Leader (SFRTL) revealed: -He is the Residential Team Leader for the Sister Facility A next door. -He was scheduled to work that day. -He left to transport a client to another facility. -He received a call from Staff #A2 and was informed there were no staff at the facility with client #1 and client #2. -Staff #A2 went over to the facility and saw there was no staff in the facility. -Upon his return he went to the facility and stayed with client #1 and client #2 until the scheduled staff arrived. Interview on 12/14/22 with the Residential Team Leader Supervisor revealed: -She was responsible for supervising Residential Team Leaders and created the schedules for the facility. -She was informed by staff #1 that client #1 and client #2 went on day passes with their family. -She asked staff #1 to confirm the return time of both clients. -Staff #1 never called back with the time of return for client #1 and client #2. -Received a call from staff #A2 that client #1 was at the facility alone. -Was told that client #1 was sitting on the porch since a family member dropped him off. -Was told that client #2 returned around 2pm. -Received call that the SFRTL arrived to stay until the scheduled staff arrived. -Client #1 was not a wanderer and enjoyed being alone in general.	V 290		

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V 290	Continued From page 5 -The Residential Team Leader of the facility was responsible for staff coverage for the weekend. -The Residential Team Leader was currently out of work on medical leave. -Staff #1's shift ended at 1pm. -That a staff was the assigned staff to work at the facility but was not told by staff #1 the return time of client #1 and client #2. Interview on 12/13/22 with the Qualified Professional revealed: -Client #1 and client #2 did not have unsupervised time.	V 290		

RHA
HEALTH SERVICES

January 16, 2023

Ms. [redacted], MSW & Ms. [redacted]
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-084-099 Moss Lane #1

Dear Ms. [redacted] & Ms. [redacted]

Please see the enclosed Plan of Correction (POC) for the deficiency sited at the Moss Lane #1 Group Home during your complaint, annual & follow-up survey visit on 1/11/2023. We have implemented the POC and invite you to return to the facility on or around 4/11/2023 to review our POC item.

Please contact me with any further issues or concerns regarding the Moss Lane #1 Group Home (MHL-084-099).

Sincerely,

[redacted]
Director of Operations
RHA Health Services, LLC
[redacted]