PRINTED: 01/27/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING MHL011-184 01/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 BARRETT LANE **GIVENS** ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 1/18/23. Staff working At Givens during the time photo-graphs were taken by antraism are no longer employed by UMAR. UMAR. The complaints were substantiated (intake #NC00195203 and #NC00195633). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients. V 540 27F .0103 Client Rights - Health, Hygiene And V 540 to 211 staff, including Grooming Client Specific training 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING and personal care training as part of UMARS were (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 site puckets to the UMAR is currently using certified Personal Care Aides Aurangh DNA to help Meet the Vesidents needs. opportunity for a shower or tub bath (1) daily, or more often as needed: opportunity to shave at least daily: (3)opportunity to obtain the services of a barber or a beautician; and 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 as we continue to here and not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving train Staff. utensil. (b) Bathtubs or showers and toilets which ensure MMARE administrative team

Division of Health Service Regulation

equipped for use by a client with a mobility LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(c) Adequate toilets, lavatory and bath facilities

individual privacy shall be available.

Chief Operating Officer

Will continue to visit the

STATE FORM

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FEB 17 2023

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL011-184 01/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 BARRETT LANE **GIVENS** ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 540 Continued From page 1 V 540 Givens home to ensure quality care is bring provided to each vesident and their hygine needs are being addressed in a timely manner. impairment shall be available. This Rule is not met as evidenced by: Based on interviews and record review the facility failed to ensure dignity and humane care in the provision of personal health, hygiene and grooming care affecting 2 of 2 audited clients (Client #1 and Client #2). The findings are: Review on 1/3/23 of Client #1's record revealed: -Date of admission: 3/1/09: -Diagnoses: Moderate Intellectual and Developmental Disability (IDD), Chronic Constipation, Pervasive Developmental Disorder (d/o), Impulse Control d/o, Central Auditory Processing d/o, Encephalopathy-birth and Hypertension. Review on 1/3/23 of Client #2's record revealed: -Date of admission: 5/2/06: -Diagnoses: Mild IDD, Attention Deficit Hyperactivity d/o, combined type, Bipolar d/o, in full remission, most recent episode manic, Cerebral Palsy, and Anxiety d/o, unspecified. Review on 1/6/23 of 2 photographs provided by Client #2's guardian revealed: -reddened area in the folds of Client #2's lower abdomen: -took the photographs of Client #2 during one of her home visits in October or November 2022. Interview on 1/3/23 with Client #1's guardian revealed: -tried to visit Client #1 every other week; -two long time female staff guit during the

Division of Health Service Regulation

issues started;"

summer and "when those staff quit, hygiene

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL011-184	B. WING			C / <b>18/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	650 BAR	DDRESS, CITY, STATE, ZIP CODE  RETT LANE  LLE, NC 28805				
(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 540	-Client #1 was unable her nails, or bathe wit-when she visited Clie things hadn't been do and she didn't smell n-didn't know bathing severy day; -Client #1 had bowel is and sometimes had severy day; -Client #1 needed a bif that happened; -she informed a staff program of her conceregular hygiene and severy day and regular contact of the program of her conceregular hygiene and severy day; -the former Regional I manager were the only facility after the female it "isn't all their fault, the staff have other group homes;" -female staff from other facility now to cover seven her didn't think Client #1's the poor hygiene.  Interview on 1/4/23 wirevealed: -Client #2 was "not ca very heavy, places to (second belly) was glu the smell;" -there were male staff the end of August untite the staff "had no help them (clients) bathing-"brought Client #2 ho covered in feces;"	to brush her own teeth, trim hout staff assistance; ent #1 "it was clear those neher hair wasn't clean ice;" chedule but assumed it was ssues due to a past surgery tool leakage; ath daily but she didn't know berson at the [local] Day rns about Client #1's lack of taffing concerns; with the former Qualified they quit;" Director and another male y staff who worked at the estaff quit; hey haven't been able to staff covering from other er facilities worked at the hifts; is health suffered because of the Client #2's guardian pable of washing herself hat were scalyher shelf led to the inside of her thigh working at the facility from I December 2022; they were just feeding	V 540				

Division of Health Service Regulation

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	
			A. BUILDING:			
		MHL011-184	B. WING		1	C 1 <b>8/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE		
CIVENS		650 BARR	ETT LANE			
GIVENS		ASHEVILL	E, NC 28805			
(X4) ID PREFIX TAG	1114111		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ON SHOULD BE COMPLETE DATE		
V 540	shelf wasn't goodnot the ladies (staff) were no, better shape, yes Interview on 12/29/22 #1 for Client #2 revea -concerned about lack difficulty finding femal for Client #2; -staffing concerns beg 2022 when female stafacility had rotating for bathing every 2 weeks -Client #2's guardian inturning red" when Cat Thanksgiving.  Attempted to contact Client #1 on 12/29/22 #2 did not return survival revealed: -Client #1 arrived at the times and her inconting -addressed the soiling Director who said they -Client #1 continued to soiled briefs; "it was not -Client #1 needed a sinher to the bathroom to herself; -knew there were staff -Client #1's guardian to picked her up from the matted; -thought "there had be with Client #1's hygier	ear groin area could say e cleaning itgood shapehair is better."  with Community Advocate eled: k of staff at the facility and e staff to assist with bathing gan approximately August aff resigned; emale staff to assist with s; noticed "skin breakdown elient #2 was on a home visit  Community Advocate #2 for but Community Advocate veyor's phone call.  with the Day Program Staff the program a couple of thence briefs were soiled; to with the former Regional to would take care of it; to arrive at the program with out a one-time thing;" thaff person to accompany to make sure she cleaned  fing issues at the facility; told him that when she e facility, her hair was een some improvement"	V 540			
	to their attentionthe					

Division of Health Service Regulation

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	
			A. BOILDING.	A. BUILDING:		South Mark Told S. Program College Co. C.	
		MHL011-184	B. WNG		1	C / <b>18/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST.	ATE, ZIP CODE			
GIVENS		650 BAR	RETT LANE				
CIVENO		ASHEVIL	LE, NC 28805			_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CO		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	BE COMPLETE		
V 540	Continued From page 4		V 540				
V 340	Interview on 1/6/23 w Director revealed: -oversaw the operation other group homes; -worked at the facility staff resigned in the substantial r	ith the former Regional ans of the facility and four after two long time female ummer; rdians for Client #1 and in the two female staff b" no longer worked at the providing direct care until insee) on December 1 or 2, expressed concern that ing bathed"she was in her is possible she was soiled in left in that condition;" ing way backin the in that she (Client #2) had days but that wasn't true;" breakdown" on Client #2; ing GI (gastrointestinal) tract infections)was es per day;" e facility to go to the day d her and she was clean; rself on the way to the day I leakage." with the QP revealed: the facility since October which included overnights at ment staff at the facility but	V 340				
	-Client #2 needed "a lo sometimes refused to	ot of prompting" and					

Division of Health Service Regulation



February 7, 2023

NC Department of Health and Human Services Attention: Michelle Goyeau, LCSW, LCAS Mental Health Licensure & Certification Section

Dear Ms.

Attached you will find our Plan of Correction in response to the complaint investigation conducted at the UMAR Givens Group Home on January 18, 2023. Please review the attached Plan of Correction at your earliest convenience and let me know if you have any question.

Best,

Chief Operating Officer



