

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2023
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NAME OF PROVIDER OR SUPPLIER ABC CARE LP	STREET ADDRESS, CITY, STATE, ZIP CODE 212 PINE RIDGE DRIVE ROANOKE RAPIDS, NC 27870
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual, Complaint, and Follow-up survey was completed on March 3, 2023. The complaint was unsubstantiated (Intake # NC00197682). 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 5 and currently has a census of 5. The suvey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to complete admission assessments for 3 of 3 clients (#1, #2, and #5). The findings are:</p> <p>A. Review on 3/2/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizo-affective disorder & Constipation - No admission assessment <p>B. Review on 3/2/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI), Schizophrenia Disorder, Acute Multiple Episodes, Moderate; Hypertension & Constipation - No admission assessment <p>C. Review on 3/2/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> - FL2 with diagnoses of Moderate IDD & Schizophrenia - No admission assessment 	V 111		

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V 111	<p>Continued From page 2</p> <p>During an interview on 3/2/23 client #1 reported;</p> <ul style="list-style-type: none"> - Lived in the facility for about three years <p>Attempted interview on 3/2/23 with client #2 but his communication skills were limited</p> <p>Attempted interview on 3/2/23 with client #5 but he refused to be interviewed</p> <p>Review on 3/3/23 of an email from the Qualified Professional (QP) received on 3/3/23 revealed:</p> <ul style="list-style-type: none"> - Started with ABC Care LP on 11/15/22 - Visited the facility on 12/20/22 and 1/5/23 to do assessments <p>During an interview on 3/2/23 the Licensee reported:</p> <ul style="list-style-type: none"> - Client #5 was admitted 2/16/23 - QP was still working on the paperwork for client #5 - She thought the previous QP completed the assessments for client #1 and client #2 - Hired a new QP in November 2022 - QP will complete the assessments 	V 111		
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</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>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 outcome achievement; and</p> <p>(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 interview, the facility failed to ensure treatment plans were completed for 2 of 3 audited clients (#1 and #2) The findings are:</p> <p>A. Review on 3/2/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizo-affective Disorder, & Constipation - A treatment plan dated 6/26/20 <p>B. Review on 3/2/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI), 	V 112		

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V 112	<p>Continued From page 4</p> <p>Schizophrenia Disorder, Acute Multiple Episodes, Moderate; Hypertension, & Constipation</p> <ul style="list-style-type: none"> - A treatment plan dated 6/26/20 <p>During an interview on 3/2/23 client #1 reported:</p> <ul style="list-style-type: none"> - Had treatment goals to clean his room and "stuff" - He wanted to get a job - He wanted to move into his own apartment <p>Attempted interview on 3/2/23 with client #2 but his communication skills were limited</p> <p>Review on 3/3/23 of an email from the Qualified Professional (QP) recieved on 3/3/23 revealed:</p> <ul style="list-style-type: none"> - Outdated treatment plan were supposed to be completed by previous QP. - She will update treatment plans in March 2023 <p>During interview on 3/2/23 the Licensee reported:</p> <ul style="list-style-type: none"> - Treatment plans were done annually - Updated treatment plans should have been in the client records - She thought the previous QP completed it before he left - A new QP started in November 2022 - The new QP will complete the treatment plans 	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; 	V 113		

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V 113	<p>Continued From page 5</p> <p>(C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain client records for 3 of 3 audited clients (#1, #2, and #5). The findings are:</p> <p>A. Review on 3/2/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizo-affective disorder & Constipation - No date of admission - No guardian or emergency contact information - No permission of emergency care consent <p>B. Review on 3/2/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI), Schizophrenia Disorder, Acute Multiple Episodes, Moderate; Hypertension, & Constipation - No date of admission - No guardian or emergency contact information - No permission of emergency care consent <p>C. Review on 3/2/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> - FL2 with diagnoses of Moderate IDD, & Schizophrenia - No date of admission - No guardian or emergency contact information - No permission of emergency care consent <p>Attempted interview on 3/2/23 with client #2 but his communication skills were limited</p> <p>Attempted interview on 3/2/23 with client #5 but</p>	V 113		

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V 113	Continued From page 7 he refused to be interviewed During an interview on 3/2/23 the Licensee reported: - Client #1 and client #2 were both admitted on 6/22/20 - Client admission dates should have been on the front of their client record book - A number listed as "ID# 6-22-20" was client's admission date - Client #1's guardianship was with Social Services - Client #2's guardian was his parents - Client #5's guardian was with Social Services - She thought the previous Qualified Professional (QP) completed the permission of emergency care consents - The QP will complete the paperwork for the clients - The previous QP failed to maintain client records	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.	V 114		

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V 114	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills at least quarterly and on each shift. The findings are:</p> <p>Review on 2/2/23 of facilities' disaster drills revealed:</p> <ul style="list-style-type: none"> - No fire or disaster drills prior to 10/10/22 <p>During interview on 3/2/23 client #1 reported:</p> <ul style="list-style-type: none"> - In case of a fire he would go down the road - He would go to the bathroom "quickly" during a tornado <p>Attempted interview on 3/2/23 with client #2 but his communication skills were limited</p> <p>Attempted interview on 3/2/23 with client #5 but he refused to be interviewed</p> <p>During interview on 3/2/23 the Licensee reported:</p> <ul style="list-style-type: none"> - Completed fire and disaster drills three times a month - She had completed drills somewhere in the facility - Was unable to provide drills prior to survey exit 	V 114		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>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</p>	V 290		

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V 290	Continued From page 9 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 drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure clients were capable of remaining in the community without supervision which affected 2 of 3 audited clients (#1 and #2). The finding are:</p> <p>A. Review on 3/2/23 of client #1's record revealed: - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizo-affective disorder, & Constipation - A treatment plan dated 6/26/20 - last approved unsupervised time assessment was dated 6/6/21</p> <p>B. Review on 3/2/23 of client #2's record revealed: - Diagnoses of Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI), Schizophrenia Disorder, Acute Multiple Episodes, Moderate; Hypertension, & Constipation - A treatment plan dated 6/26/20 - last approved unsupervised time assessment was dated 6/6/21</p> <p>During interview on 3/2/23 client #1 reported: - He walked to the store unsupervised - The store was approximately a mile away from facility - Liked to sit and drink coffee at the store - He had unsupervised time in the community for 2 hours - Didn't have any issues while out in the community</p>	V 290		

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V 290	Continued From page 11 Attempted interview on 3/2/23 with client #2 but his communication skills were limited During interview on 3/2/23 the Licensee reported: - Both client #1 and client #2 had unsupervised time in the community for 2 hours - the clients' unsupervised time was supposed to be in their treatment plans - Clients would walk to the "gas station" - Gas station was located at the end of the road	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 interview, the facility failed to maintain the facility in a clean & attractive manner. The findings are: An observation on 3/2/23 at 12:30pm during facility tour revealed: - Large orange rust stains circling around the bottom of the shower in bathroom #1 - Small black mold clusters found at the base of the shower located in bathroom #1 - Broken shower knob in bathroom #1 - Broken towel rack hanging by one side on wall in bathroom #1	V 736		

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V 736	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Multiple red and black stains varying in sizes on carpet in client #1's bedroom - White putty patch approximately 16in with found in client #3's bedroom wall - Sliver metal object found in wall of client #3's bedroom - Rusted air vents found in floor of bathroom #2 and kitchen <p>During an interview on 3/2/23 the Licensee reported:</p> <ul style="list-style-type: none"> - She was responsible for repairs in the facility - Client #1 pulled down the towel rack in bathroom #1 - Clients cleaned the shower daily - Clients didn't clean the shower today (3/2/23) - Client #1 would sneak food in his room and spilled it on his carpet - A former client punched a whole in client #3's wall about a year ago. 	V 736		