STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-154	A. BUILDING: _____ B. WING _____	R 04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES ROAD B	829-1 CHARLES ROAD B SHELBY, NC 28152

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{V 000}	INITIAL COMMENTS A follow up survey was completed on 4/20/23. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. The 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.	{V 000}		
{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: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor	{V 290}		

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{V 290}	Continued From page 1 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 maintain one staff member present at all times when an adult client was on the premises affecting 2 of 2 clients (Clients #1, #2). The findings are: Record review on 4/18/23 for Client #1 revealed: -Date of Admission-10/5/18 -Diagnoses-Mild Intellectual Developmental Disability (IDD), Impulse Control Conduct Disorder. -Updated treatment plan effective 3/3/23 included	{V 290}		

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{V 290}	Continued From page 2 an assessment dated 1/19/23 for 2 hours of unsupervised time. Record review on 4/18/23 for Client #2 revealed: -Date of Admission-11/26/21 -Diagnoses- Mild IDD, Bipolar Disorder, Anxiety Disorder, Oppositional Defiant Disorder (ODD). -Updated treatment plan effective 3/10/23 included an assessment dated 1/19/23 for 2 hours of unsupervised time. Interview on 4/18/23 with Client #1 revealed: -Staff cook breakfast and dinner and "sometimes leaves us by ourselves about 30 minutes at a time." -"Staff don't hang out in our apartment." -If she needed staff, "I could find staff in A (sister facility A) or C (sister facility C)." Interview on 4/18/23 with Client #2 revealed: -"Staff usually stayed in the guys' apartment (sister facility C)." -"Staff cook in A (sister facility A) and bring us a plate of food. Staff come back at 7pm to pass meds (medications). Staff come back at 8pm for phone calls then go back (to sister facility C). Staff check on us once overnight cause I can hear my door open." Interview on 4/18/23 with Staff #1 revealed: -Worked 7 days on 2nd shift in sister facility A and then 4 days in the facility and sister facility C. -Sister facility A had full time staff. He was filling in to cover the facility and sister facility C. Interview on 4/18/23 with Staff #2 revealed: -She worked at a third sister facility (not located within this building) overnight but was filling in at this facility and sister facility C on 2nd shift. -"The girls (in the facility) don't like to be bothered	{V 290}		

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{V 290}	Continued From page 3 so I usually stayed in C (sister facility C)." Interview on 4/18/23 with the Qualified Professional (QP) revealed: -"Staff were expected to go through both apartments (the facility and sister facility C) at least every hour but more like every 30 minutes. Staff don't document their check ins." Interview on 4/18/23 with the Regional Director revealed: -"We had a Q (QP) who just didn't do the assessments (for unsupervised time) for a while." They had to recreate the process of assessing. -Staff worked 7on, 7off on 2nd and 3rd shifts. "We just don't have the staff to have 1 (staff person) in each facility. We never have had to have that." -The LME/MCO (Local Managing Entity/Managed Care Organization) care coordinators wrote the treatment plans. -"We don't write a separate provider plan; we only write short term goals and attach to the plan. We are at the mercy of the care coordinators to update a plan." -There had been a lot of turnover with care coordinators and had difficulty getting plans updated timely. -"There was only 1 time there was just 1 staff (between the 3 facilities) but [the Director of Quality Integrity] stayed (at sister facility A while the scheduled staff worked in the facility and sister facility C) and I bet she didn't clock in." Review on 4/19/23 of the first Plan of Protection dated and signed 4/19/23 by the Regional Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure the safety of individuals that live in	{V 290}		

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{V 290}	Continued From page 4 Apartment B (facility) and (sister facility) C the following was done: 1) A form was developed by the Regional Director on April 18th for staff that worked in B-C on second and the morning staff to initial time each hour spent in Apartment B and C. 2) Staff that worked in B-C on April 18th were then instructed to how to use the form in order to document time spent in each apartment. 3) The Regional Director then instructed the "Q" (QP) of the procedure. 4) The "Q" make a variation on the thirty minute sleep check form used when individuals are sleeping or order to streamline the documentation needed while individuals are awake on April 19th. 5) The "Q" will then ensure that each staff that works in Apartment B and C is trained on the procedure and document that they were trained. Describe your plans to make sure the above happens. 1) The Regional Director will follow up with the "Q" on April 19th with the "Q" face to face to look at the form and ensure that staff are being trained on the procedure." Review on 4/20/23 of the second Plan of Protection dated and signed 4/20/23 by the Regional Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure the safety of individuals that live in Apartment B and C the following was done: 1) A staff will be present in both facilities during awake hours until supervision assessments can be updated on a new form to specifically state amount of supervision required in a 24 hour time frame and plans revised for individuals in each home. 2) During sleep hours a staff will check between each home every thirty minutes to ensure that	{V 290}		

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{V 290}	Continued From page 5 individuals are asleep and safe, sleep time is from 8 pm until 7 am. Describe your plans to make sure the above happens. 1) The Regional Director will follow ensure that the "Q" is scheduling two on staff for both homes. 2) The Regional Director will complete new supervision assessments and follow up with Care Coordinators regarding the plans." Review on 4/20/23 of the third Plan of Protection dated and signed 4/20/23 by the Regional Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure the safety of individuals that live in Apartment B and C the following was done: 1) A staff will be present in both facilities to ensure that supervision will be provided as stated on the current supervision assessments. 2) Supervision assessments will be updated on a new form to specifically state amount of supervision required in a 24 hour time frame and plans revised accordingly for individuals in each home as soon as possible. 3) During the week Monday thru Friday all individuals attend a day program from 8:00 am until 4:00 pm. An additional second shift staff will work from 4:00 pm until 3:00 am to provide for the additional coverage needed. After 3:00 am, a staff will rotate between the homes every 30 minutes to provide supervision. The individuals will then only receive two hours of unsupervised time between 3:00 am until 7:00 am. An additional staff will also be provided from 7:00 am until 8:00 am for required supervision. 4) On the weekends an additional staff person will be provided for each twelve-hour shift to ensure supervision as required for each home. 5) Apartment B females have plans to visit	{V 290}		

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{V 290}	Continued From page 6 friends for this following weekend. However, when at least one resident is present in either home for the any period of time a second staff will be scheduled, except for the scheduled mentioned above for the weekdays. Describe your plans to make sure the above happens. 1) The Regional Director will follow ensure that the "Q" is scheduling two on staff for both homes. 2) The Regional Director will complete new supervision assessments and follow up with Care Coordinators regarding the plans." Clients #1 and #2 are diagnosed with mental health needs including Mild IDD, Bipolar Disorder, Anxiety Disorder, Impulse and Conduct Disorder, and ODD. The facility is in the same building as sister facilities A and C. Clients #1 and #2 were assessed and approved for up to 2 hours of unsupervised time. The facility did not provide the supervision required by Clients #1 and #2 as evidenced by sharing a staff member between the facility and sister facility C during 2nd and 3rd shifts. Clients #1 and #2 were expected to seek out staff for assistance with individualized needs and daily care by going to sister facility A where staff supervision was continuous or going to the staff shared between the facility and sister facility C. This deficiency constitutes an Imposed Type B rule violation which is detrimental to the health, safety, and welfare of the clients. An administrative penalty of $200.00 per day is imposed for failure to correct within 45 days.	{V 290}		