

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>03/30/2023</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WAY FARER COURT**

**145 WAY FARER COURT  
ROCKY MOUNT, NC 27801**

(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 000	<b>INITIAL COMMENTS</b>  A complaint survey was completed on 3/30/23. The complaint was substantiated (Intake #NC00197643). Deficiencies were 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 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000	<b>V110-Review the Competencies and Supervision of Paraprofessionals.</b> Develop a calendar of upcoming evaluations for each staff member.  Ensure that staff are evaluated on a yearly basis as stated by Monarch policy.  Ensure that all staff are up to date on required competency trainings and require the following trainings be completed by staff members:	5/30/2023
V 110	<b>27G .0204 Training/Supervision Paraprofessionals</b>  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	V 110	<ul style="list-style-type: none"> <li>• <u>Professionalism in Direct Support Services</u></li> <li>• <u>Understanding Intellectual Disability</u></li> <li>• <u>Care for Individuals with Mental and Physical Disabilities</u></li> <li>• <u>Cultural Competence</u></li> <li>• <u>Cultural Competence for Supervisors</u></li> <li>• <u>Effective Communication Skills</u></li> </ul>	

**RECEIVED**

**MAY 15 2023**

**DHSR-MH Licensure Sect**

Division of Health Service Regulation  
(7) clinical skills.

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 current staff (#1) and 1 of 1 former staff (FS#5) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>A. Review on 3/13/23 of FS #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Employed: 11/28/22</li> <li>- Title: Direct Support Sleepover</li> <li>- Date of Separation: 1/12/23</li> </ul> <p>Review on 3/13/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/12/18</li> <li>- Diagnoses: Bipolar, Generalized Anxiety Disorder, and Unspecified Intellectual Disability</li> <li>- Treatment plan dated 2/13/23: <ul style="list-style-type: none"> <li>- "Has had a history of falls in the home causing her to have multiple visits to the hospital for evaluation..."</li> <li>- "Physical Therapist encourages [client #4] to utilize her rollator walker while maneuvering through her home"</li> </ul> </li> </ul> <p>Review on 3/20/23 of an email from FS #5 to this facility dated 1/12/23 revealed:</p> <ul style="list-style-type: none"> <li>- "...I have been negligent in my performing my duties..."</li> <li>- "...I was responsible for one of the falls by not</li> </ul>	V 110	<p>V110- Ensure that all staff are in serviced making sure that consumer has and is using her walker at all times will standing, walking, and maneuvering through the home.</p>	4/21/2023

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V 110	<p>Continued From page 2</p> <p>taking the necessary steps to prevent it one night this week during dinner"</p> <p>- "...I was not told she (client #4) had a tool for cleaning herself after bowel movement by the person that I job shadowed. I found out after speaking with the [staff #1]. Based on my observations the tool did not work very well and after I while I gave up prompting her to use it..."</p> <p>Interview on 3/13/23 Staff #1 reported:</p> <p>- FS #5 was the staff on duty when client #4 fell in January 2023</p> <p>Interview on 3/20/23 the Qualified Professional (QP) reported:</p> <p>- FS #5 had previously worked for the agency and came back around Nov. 2022</p> <p>- FS #5 never worked with client #4 before</p> <p>- FS #5 did not feel she was giving appropriate care of client #4 and needed to report herself</p> <p>- When client #4 get up or try to move, staff should be redirecting her to use her walker</p> <p>- When client #4 fell back in January 2023, FS #5 was the staff on duty</p> <p>- FS #5's issue was that she saw client #4 get up without her walker and didn't redirect her to get her walker</p> <p>- FS #5 felt she didn't give her the appropriate care because if she would have redirected her, she wouldn't have fallen and had to go to the emergency room</p> <p>- She saw FS #5 "decomposing" and it was a lot for her to work there</p> <p>- Once FS #5 "verbalized" her concerns dealing with client #4, the QP offered to retrain on the issues she had</p> <p>- No additional trainings were completed because FS #5 resigned the day she verbalized her concerns</p> <p>- Client #4 also needed constant reminders</p>	V 110	<p>V110-Review the Person Centered Plan of Consumer with all direct care staff members and home manager.</p> <p>This includes reviewing the following sections:</p> <ul style="list-style-type: none"> <li>• What is working;</li> <li>• What does not work</li> <li>• Long term and short range goals;</li> <li>• What staff will do and what consumer will do</li> </ul>	4/21/2023

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V 110	<p>Continued From page 3</p> <p>about her hygiene</p> <ul style="list-style-type: none"> <li>- Client #4 had a cleaning tool to help her clean herself better after bowel movements that every staff knew about and needed to remind her to use it</li> </ul> <p>B. Review on 3/13/23 of the Staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Employed: 9/30/08</li> <li>- Title: Residential Manager (RM)</li> </ul> <p>Review on 3/13/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- After visit summary from the emergency room dated 1/10/23 stated reason for emergency room visit was chest pain and could have been due to muscle strain from the patients mentioned fall but they don't know exactly</li> </ul> <p>Review on 3/21/23 of the facility's Emergency On Call Procedures Policy revealed:</p> <ul style="list-style-type: none"> <li>- "When an injury has occurred the on call supervisor and the nurse, if applicable, should be immediately notified..."</li> <li>- "...911 should be contacted for medical emergencies..."</li> </ul> <p>Interview on 3/22/23 Staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The process when there was an emergency was to contact the nurse and follow her instructions</li> <li>- He didn't do that when client #4 had chest pains back in Jan. 2023 after a fall she had and he couldn't remember why</li> <li>- The staff can call the nurse themselves but he told the staff to call him first</li> <li>- Confirmed the protocol was not followed</li> </ul> <p>Interview on 3/20/23 the QP reported:</p> <ul style="list-style-type: none"> <li>- Client #4 fell on 1/9/23 around dinner time</li> <li>- Later that evening, client #4 complained of</li> </ul>	V 110	V110- Review Monarch's Emergency On Call Procedure Policy with staff and Home Manager	4/21/2023

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V 110	Continued From page 4  chest pains - Client #4 was not taken to the ER nor was the nurse notified - If there was an emergency, staff was supposed to call 911 and not the Registered Nurse (RN) - If the RN needed to be notified, she was notified by the RM or the QP and not the staff - She was trying to understand why staff called staff #1 and he advised to give client #4 milk of magnesia for chest pain - Milk of Magnesia was a standing order but she was not sure why he would have told her that, at that time - She didn't understand why staff didn't call 911 for client #4's chest pain and instead called staff #1 first - Client #4 went to the ER the next day - Confirmed the protocol was not followed	V 110	V110 Review Monarchs procedure for an emergency	4/21/2023
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally	V 112	V112 Review the PCP and complete the fall risk assessment for individual; Review and revise plan where necessary to include client outcomes; strategies; staff responsible; a schedule for review of the plan annually; consent from legal guardian	4/21/2023



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V 112	<p>Continued From page 5</p> <p>responsible person or both; (5) basis for evaluation or assessment of 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 review and interview, the facility failed to develop and implement goals and strategies to meet the needs affecting 1 of 1 current client (#4). The findings are:</p> <p>Review on 3/13/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/12/18</li> <li>- Diagnoses: Bipolar, Generalized Anxiety Disorder, and Unspecified Intellectual Disability</li> <li>- Treatment plan dated 2/13/23: -no strategy addressing her falls -no goal or strategy addressing client #4's wandering at night and eating snacks resulting in weight gain -no implementation of acquiring additional support over-night when the primary staff is asleep</li> </ul> <p>Interview on 3/20/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Had been employed since November 2014</li> <li>- Today was her last day of employment with</li> </ul>	V 112	<p>V112 Revise Plan of Care to include strategies to address her fall after a completion of the Fall Risk Assessment; Revise the plan to include strategies to minimize food stealing and wandering at night which could include adding a bell to the pantry to alert staff;</p>	4/21/2023

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			Additional support has been added. There is an awake staff at night in the home to ensure consumer needs are met 24 hours per day.	
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V 112	<p>Continued From page 6</p> <p>the agency</p> <ul style="list-style-type: none"> <li>- She was responsible for making sure treatment plans were up to date</li> <li>- Client #4's treatment plan had not been updated to reflect the falls and eating in the middle of the night</li> <li>- The falls and snacking were mentioned in the treatment plan but there were no strategies addressing it</li> <li>- They were in the process of relocating client #4 to another one of their homes that had 24 hour awake overnight staff</li> </ul> <p>Interview on 3/30/23 the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- They hadn't talked about additional staff since it was put in client #4's treatment plan</li> <li>- She had a meeting today, 3/30/23, and would discuss getting additional funding to get additional help overnight until client #4 could be moved to another facility with 24 hour awake overnight</li> </ul>	V 112	<p>V112 PCP will be updated to address falls and snacking in the middle of the night.</p>	4/21/2023
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*Lakina Niedgett, Residential Director 4/17/23*