

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-211</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHEVAL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8380 CHEVAL STREET CLEMMONS, NC 27012</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 5/23/23. The complaint was unsubstantiated (intake #NC202272). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> <p>This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients, 1 former client.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></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 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>	V 112		

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

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V 112	Continued From page 1  This Rule is not met as evidenced by: Based on records reviews and interviews, the facility staff failed to develop treatment/habilitation plans for 1 of 3 audited clients (#1). The findings are:  Review on 5/19/23 of client #1's record revealed: - Admission Date: 6/9/20 - Diagnoses: Mild Intellectual Disability and Schizoaffective Disorder - There was no current treatment plan.  Interview on 5/23/23 with the Licensee revealed: - Client #1 was not followed by any Managed Care Organization. - The responsibility of updating the treatment plan "would fall on the QP (Qualified Professional)."	V 112		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare	V 132		

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V 132	<p>Continued From page 2</p> <p>facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to put measures in place to protect</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>the clients during the investigation. The findings are:</p> <p>Review on 5/19/23 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 5/15/23</li> <li>- Date submitted: 5/18/23</li> <li>- Submitted by: the Qualified Professional</li> <li>- "On 5/15/2023, [the Licensee] called this writer to report the following: [former client (FC) #4's care coordinator] called to notify her of the following complaint made: [FC #4's Legal Guardian (LG)] reported [staff #1] took the individual to his home. While at his personal home, the [staff #1] inappropriately touched [FC #4]/rubbed [FC #4] between his legs. She also reported [FC #4] spent the night with [staff #1], along with two (other consumers from the home) (client #1 and client #3)."</li> </ul> <p>Review on 5/19/23 of the Internal Investigation revealed:</p> <ul style="list-style-type: none"> <li>- The internal investigation regarding the allegations against staff #1 was conducted 5/15/23 and 5/16/23.</li> </ul> <p>Interview on 5/23/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- He worked on 5/15/23 and 5/16/23 during the time the internal investigation was being conducted.</li> </ul> <p>Interview on 5/23/23 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- She did not take staff #1 off schedule because on 5/15/23 she had interviewed client #1 and client #3 who stated they had never been to staff #1's apartment. She felt at that point the allegations could not be true.</li> <li>- Furthermore, she felt the allegations were not true and retaliatory because she had told FC #4's LG that she (FC #4's LG) would need to turn over</li> </ul>	V 132		

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V 132	Continued From page 4  FC #4's Social Security Income (SSI) money to her because the money was for FC #4. FC #4's LG had recently asked her in a text message for a \$200 loan, and she refused to give FC #4's LG the \$200 loan.	V 132		