

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/20/2023	
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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}	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 4/20/23. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p> <p>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 B.</p>	{V 000}		
{V 290}	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor</p>	{V 290}	<i>See attached</i>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Debra Maney

TITLE *Regional Director*

(X6) DATE *5/17/23*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/20/2023
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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 290}	<p>Continued From page 1</p> <p>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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>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:</p> <p>Record review on 4/18/23 for Client #1 revealed: -Date of Admission-2/19/86 -Diagnoses- Mild Intellectual Developmental Disability (IDD), Schizophrenia. -Updated treatment plan effective 2/3/23 included an assessment dated 1/19/23 for 2 hours of</p>	{V 290}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/20/2023	
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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 290}	<p>Continued From page 2</p> <p>unsupervised time.</p> <p>Record review on 4/18/23 for Client #2 revealed: -Date of Admission-10/1/94 -Diagnoses- Moderate IDD, Down Syndrome. -An assessment dated 1/19/23 for 2 hours of unsupervised time was completed and had verbal consent from guardian on 2/8/23. -Treatment plan dated 11/1/22 did not include any unsupervised time.</p> <p>Interview on 4/18/23 with Client #1 revealed: -He did not know how long staff would leave him in his apartment alone. "I'm in my room drawing. I don't pay attention to time. Staff probably check on us overnight."</p> <p>Interview on 4/18/23 with Client #2 revealed: -"I be in my room a lot by myself playing video games or being lazy." -"Staff open the door and check on me." -"Morning shift fixes breakfast for us."</p> <p>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 B. -Sister facility A had full time staff. He was filling in to cover this facility and sister facility B.</p> <p>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 B on 2nd shift. -"The girls (in sister facility B) don't like to be bothered so I usually stay in this facility."</p> <p>Interview on 4/18/23 with the Qualified Professional (QP) revealed: -"Staff were expected to go through both apartments (the facility and sister facility B) at</p>	{V 290}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/20/2023	
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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 290}	<p>Continued From page 3</p> <p>least every hour but more like every 30 minutes. Staff don't document their check ins." "Only 1 staff worked day and 1 staff worked at night (on 4/8/23) but there were only 2 clients here (1 client in sister facility A and 1 client in this facility)."</p> <p>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 this facility and sister facility B) and I bet she didn't clock in."</p> <p>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 Apartment B (sister facility) and C (facility) the following was done:</p>	{V 290}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/20/2023
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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 290}	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>3) The Regional Director then instructed the "Q" (QP) of the procedure.</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>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:</p> <p>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.</p> <p>2) During sleep hours a staff will check between each home every thirty minutes to ensure that individuals are asleep and safe, sleep time is from 8 pm until 7 am.</p>	{V 290}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/20/2023
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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 290}	<p>Continued From page 5</p> <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 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." <p>Review on 4/20/23 of the third Plan of Protection dated and signed 4/20/23 by the Regional Director revealed:</p> <p>"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:</p> <ol style="list-style-type: none"> 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 friends for this following weekend. However, when at least one resident is present in either 	{V 290}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/20/2023
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD C		STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C SHELBY, NC 28152		
(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 290}	Continued From page 6 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." The facility served 2 adult clients whose diagnoses included Mild IDD, Schizophrenia Moderate IDD, Down Syndrome. 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. 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}		

MHL 023-155

Charles Road C

Date Survey Completed 04/20/2023

PLAN OF CORECTION

CORRECTIVE ACTION	PERSON RESPONSIBLE	DATE COMPLETED
27 g.5602 Supervised Living-Staff		
The following will be put in place to ensure that staff supervision is being adequately provided for Apt B and C:		4/28/23
1)The Plan of Protection, dated 4/20/23, will be followed until a new Assessment of Ability to Remain in Residential Setting Unsupervised is developed and completed on all individuals that reside in Apartment C. The assessment will clearly state the amount of unsupervised time that the individual may have during a 24 hour time frame. Guardians will view and approve of the supervision.	Regional Director	4/28/23
2)Care Coordinators will receive a copy of the assessment and update the Individualize Treatment Plan accordingly so that all team members are aware and in agreement of the amount of unsupervised time that the individual may have in the facility.	Regional Director	4/28/23
3)The Qualified Professional will be trained on how to compete the New Assessment of Ability to Remain Unsupervised in a Residential Setting to ensure the assessment is updated yearly or more often if needed in case the individual develops any changes.	Regional Director	4/28/23
4)The Qualified Professional will also be trained on including the required supervision in the Individualized Plan and/or ensuring that the Care Coordinator includes the amount of supervision required in the Person Centered Plan based on the Assessment of Ability to Remain in the Residential Setting unsupervised	Regional Director	4/28/23

<p>5) If the Qualified Professional for the home changes at any time, the new Qualified Professional will also be trained on the Assessment of Ability to Remain Unsupervised in a Residential Setting and how the results of the assessment are included in the Individualized Plan/Person Centered Plan.</p>	<p>Regional Director</p>	<p>As needed</p>
<p>6) Home Manager and Staff will be trained on the updated supervision plans and how supervision will be maintained for both Apartments C in conjunction with Apartment B. The staff will rotate between the staff to provide adequate supervision based on their assessed needs for supervision.</p>	<p>Qualified Professional</p>	<p>4/28/23</p>
<p>7) Home Manager and Staff will also be trained on the need to call the supervisors or back up supervisor on call immediately to inform them that a staff has not or will not be on their shift.</p>	<p>Qualified Professional</p>	<p>5/10/23</p>
<p>8) A staff will always be present for Apartment B or C any time a resident is present in either apartment.</p>	<p>Qualified Professional and Home Manager</p>	<p>5/10/23</p>
<p>9) All staff will be instructed that they cannot leave their shift until the next staff person has arrived for their shift to ensure that the approved supervision plans are met.</p>	<p>Qualified Professional and Home Manager</p>	<p>5/10/23</p>
<p>10) Van drivers that operate ComServ vans will be instructed to enter the building to ensure that a staff is present in both apartments before leaving the facility to ensure that the approved supervision plans are met.</p>	<p>Regional Director</p>	<p>5/10/23</p>
<p>11) This Plan of Correction will be monitored by the Regional Director and if at any time it is not followed will inform the CEO of the problem. If the monitoring shows that additional measures are required to ensure that the plan is followed, then those measures will be taken according to ComServ Policy and Procedures.</p>	<p>CEO</p>	<p>5/10/23</p>

Barbara Murray, Regional Director, 5/17/23