

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/11/2023
NAME OF PROVIDER OR SUPPLIER POWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 BALTIC STREET GASTONIA, NC 28054		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 11, 2023. One complaint was substantiated (Intake #NC00199773). One complaint was unsubstantiated (Intake #NC00200882). Deficiencies were 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 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

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

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to meet the mh/dd/sas needs of the clients as specified in the treatment/habilitation plan affecting 2 of 3 audited staff (#1, #3). The findings are:</p> <p>Review on 5/10/23 of Staff #1's personnel record revealed: - Date of Hire 10/11/22; - Job title Direct Support Professional; - No evidence staff #1 had completed client specific training to meet the mh/dd/sas needs of the clients.</p> <p>Review on 5/11/23 of Staff #3's personnel record revealed: - Date of Hire 3/6/23; - Job title Direct Support Professional; - No evidence staff #2 had completed client specific training to meet the mh/dd/sa needs of the clients.</p> <p>Interview on 5/10/23 with staff #1 revealed: -"I'm up to date with my trainings, I believe."</p>	V 108		

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V 108	Continued From page 2 Attempted Interview on 5/8/23 and 5/10/23 with Staff #3 was unsuccessful due to no response to telephone calls prior to survey exit. Interview on 5/11/23 with the Residential Manager revealed: - Completed the client specific training in mh/dd/sa with staff #1; - Unable to find the "Work Site package" (client specific information) staff #1 signed after completing the client specific training of the clients in the home; - Planned to keep a file in the home of the trainings completed by staff. Interview on 5/11/23 with the Qualified Professional revealed: - Started new position as the Qualified Professional on 4/2/23; - "[Residential Manager] and I will sit down and make sure we have everything (all trainings) for each staff."; - "When a new staff starts, the Residential Manager completes a work site package (client specific information) with them."	V 108		
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	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; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally 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 interviews, the facility failed to develop and implement treatment plans and strategies for 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 5/10/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 8/8/20; - Diagnoses Moderate Mental Retardation, Cognitive Disorder Due To Early Head Trauma, Psychotic Disorder Due To Early Head Trauma, Asthma, Psychosocial Stressor-Moderate Hearing Loss, Constipation, Obesity; - Individual Support Plan(ISP) dated 8/8/20 had not been updated; - There was no current plan to address client's recent falls. 	V 112			

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V 112	<p>Continued From page 4</p> <p>Review on 5/4/23 of the facility's General Events Reports (incident report) revealed:</p> <ul style="list-style-type: none"> - On 2/24/23 Client #1 "was getting up for her nightly routine to the bathroom, she did not have her wheelchair as she normally does which caused her to do slight fall to the floor ..." - On 3/17/23 "Staff walked behind [client#1] to the dining area for breakfast. As she went to seat, she tripped over the wheel of the walker and fell in a "seated like" position on her buttocks" - On 3/22/23 "staff discovered client #1 on the floor. Client #1 stated that she was trying to retrieve her walker but it made her slide to the floor ..." - On 3/30/23 "staff went to get [client #1] for breakfast. She put her brake on her walker, went to sit at the table in her chair, and she tripped and scraped her elbow on the door by the kitchen table..." - On 4/13/23 client #1 "was on her way back to bed when I tried to stop her from falling but walker tipped to the right causing her to fall..." <p>Review on 5/10/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 10/13/18; - Diagnoses Cerebral Palsy, Breast Cancer with Bilateral Mastectomies, Arthritis, Reflux, Femoral Head Resections, Constipation; - ISP dated 9/1/22 with no guardian signature/consent or statement of why guardian signature/consent could not be obtained. <p>Review on 5/10/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Date of admission 3/3/97; - Diagnoses Moderate Mental Retardation, Cerebral Palsy, Speech Impairment, Aortic Aneurysm, Organic Brain Syndrome, Seasonal Allergies - ISP dated 5/1/22; 	V 112		

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V 112	Continued From page 5 - No updated treatment plan in record. Interview on 5/10/23 with the Residential Manager revealed: - Trained the lead worker to look through the client records; - "I try to go through the records every couple of months to purge them." Interview on 5/11/23 with the Qualified Professional revealed: - "I will try and update them (treatment plans) so when an auditor come they will be updated and signed." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The	V 118			

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V 118	<p>Continued From page 6</p> <p>MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications were administered by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person affecting 1 of 3 audited staff (staff #3). The findings are:</p> <p>Review on 5/11/23 of Staff #3's personnel record revealed: - Date of Hire 3/6/23; - No record of medication administration training in personnel file.</p> <p>Attempted Interview on 5/8/23 and 5/10/23 with Staff #3 was unsuccessful due to no response to telephone calls prior to survey exit.</p> <p>Review on 5/11/23 of an email received from the Human Resources Director revealed: -"As you know I (Human Resource Director) started here at [Licensee] in February (2023). I</p>	V 118		

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V 118	Continued From page 7 am trying to put into place trainings at the facility level and copies sent to HR - so I will say they should however to be truthful I am not sure that all homes have done that in the past." Interview on 5/11/23 with the Residential Manager revealed: - No knowledge of what trainings staff #3 had completed; - On April 7, 2023, staff #3 was removed from the work schedule due to the investigation of allegations against client #1; - Staff #3 was unable to return to work until all trainings were completed in June 2023. Interview on 5/11/23 with the Qualified Professional revealed: - Started new position as the Qualified Professional on 4/2/23; - "[Residential Manager] and I will sit down and make sure we have everything(all trainings) for each staff."; - Human Resources Director was responsible for scheduling training for staff.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and	V 536		

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V 536	Continued From page 8 other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for	V 536		

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V 536	Continued From page 9 escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	V 536		

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V 536	Continued From page 10 (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on the record review and interview, the facility failed to ensure annual training in alternatives to restrictive interventions prior to providing services affecting 2 of 3 staff (#2, #3). The findings are:</p> <p>Review on 5/10/23 of Staff #2's personnel record revealed: - Date of Hire 8/8/22; - No evidence of training in alternative restrictive interventions.</p> <p>Review on 5/11/23 of Staff #3's personnel record revealed: - Date of Hire 3/6/23; - No evidence of training in alternative restrictive interventions.</p> <p>Interview on 5/11/23 with staff #2 revealed: - Completed "medication training, I'm not sure of other trainings."</p> <p>Attempted Interview on 5/8/23 and 5/10/23 with Staff #3 was unsuccessful due to no response to telephone calls prior to survey exit.</p> <p>Review on 5/11/23 of an email received from the Human Resources Director revealed: - "As you know I (Human Resource Director) started here at [Licensee] in February (2023). I am trying to put into place trainings at the facility level and copies sent to HR - so I will say they</p>	V 536			

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V 536	<p>Continued From page 12</p> <p>should however to be truthful I am not sure that all homes have done that in the past."</p> <p>Interview on 5/11/23 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> - No knowledge of what trainings staff #3 had completed; - On April 7, 2023, staff #3 was removed from the work schedule due to the investigation of allegations against client #1; - Staff #3 was unable to return to work until all trainings were completed in June 2023. <p>Interview on 5/11/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Started new position as the Qualified Professional on 4/2/23; - "[Residential Manager] and I will sit down and make sure we have everything (all trainings) for each staff."; - Human Resources Director was responsible for scheduling training for staff. 	V 536		