

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>QUALITY ADULT CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>180 EAST COURT STREET</b> <b>MARION, NC 28752</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 6/7/23. 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 9 and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul>	V 107		

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

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain a personnel file with required documentation affecting 1 of 1 staff (Qualified Professional) (QP). The findings are:</p> <p>Record review on 6/7/23 for the QP revealed: -Date of Hire-5/5/21. -Registered Nurse (MSN) (Master of Science in Nursing) permanent license verified 6/6/23. -There was no personnel file for the QP which would have included, training, experience and other qualifications for the position nor documentation of license verification at date of hire.</p>	V 107		

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V 107	Continued From page 2  Interview on 6/7/23 with the Facility Administrator revealed: -She was responsible for hiring staff as well as completing staff employment files. -The QP was her niece so she personally knew that she qualified for the QP position and didn't think about creating a personnel file for her.	V 107		
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 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.	V 112		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement treatment goals and strategies to address the clients' current needs for 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 6/7/23 of Client #1's record revealed: -Date of admission-4/25/23. -Diagnoses: Intellectual Developmental Disability and Dysphasia. -There was no treatment plan with goals or strategies to address Client #2's history, current functioning level or current needs.</p> <p>Interview on 6/7/23 with Staff #1 revealed: -Client #1's mom and sister passed away during COVID. Client #1's sister's ex-husband then provided primary care but he passed away. The ex-husband's sister then provided care for Client #1 and became his guardian. There was no extended family so there was no background information readily available. -Created the admission assessment base on what little information the guardian was able to provide.</p> <p>Interview on 6/7/23 with the QP revealed: -There was minimal information on Client #1 but knew hygiene/self care deficit was a big target. -She was not aware treatment plans had to be created within 30 days.</p>	V 112		

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V 131	Continued From page 4	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 1 of 3 audited staff (Staff #1). The findings are:</p> <p>Record review on 6/7/23 for Staff #1 revealed: Date of Hire: 5/25/21 Date of HCPR verification: 6/3/21</p> <p>Interview on 6/7/23 with the Facility Administrator revealed: -She was responsible for completing background checks for staff. -She was aware the verification was late as she ran the report. She reported running the report prior to hire but misplaced that documentation and ran the verification again.</p>	V 131		