

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/27/2023
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NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 27, 2023. 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 5 and currently has a census of 5. 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> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <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 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108	<p>RECEIVED</p> <p>MAY 15 2023</p> <p>DHSR-MH Licensure Sect</p>	

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

Kari Anderson

TITLE

Executive Director

(X6) DATE

5/11/23

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V 108	<p>Continued From page 1</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 reviews, observation and interviews the facility failed to ensure staff were trained to meet the needs of the clients, affecting one of three audited staff (#4). The findings are:</p> <p>Review 04/26/23 of client #5's record revealed: - 48 year old male. - Admission date of 02/26/08. - Mild Intellectual Developmental Disability and Anxiety.</p> <p>Review on 04/26/23 of an undated facility form to document inservice training revealed: - "Maintenance of C-PAP (Continuous Positive Airway Pressure), usage and cleaning." - Staff #1, Staff #2 and Staff #3 had not signed for completion of the above training for client #5's C-PAP machine.</p> <p>Observation on 04/26/23 at approximately 10:40am revealed: - Client #5's bedroom had a C-PAP machine at his bedside.</p> <p>Interview on 04/26/23 client #5 stated: - He had been at the facility a long time. - He had a C-PAP machine. - He had weight issues.</p>	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> - He put the C-PAP on at times. - He put the C-PAP on himself. <p>Interview on 04/26/23 staff #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility approximately 4 years. - She was not at the facility when client #5 went to bed. - She had not had formal training in the use and cleaning of client #5's C-PAP machine. - She always encouraged client #5 to wear his C-PAP due to family with similar issues. - She encouraged client #5 to lose weight related to his C-PAP usage. <p>Interview on 04/26/23 staff #3 stated:</p> <ul style="list-style-type: none"> - He had worked at facility for approximately 6 years. - He had not been trained in the usage of client #5's C-PAP. - Client #5 refuses to wear the C-PAP. <p>Interview on 04/27/23 the Facility Director stated:</p> <ul style="list-style-type: none"> - She understood staff needed training in the use and cleaning of client #5's C-PAP machine. - Some of the new staff may not have been trained in client #5's C-PAP. 	V 108	<p>All staff will be trained by nurse on CPAP machine use, maintenance, and client needs at Simmons St Group Home.</p> <p>All future staff hired will also be trained on above prior to working.</p>	5/31/23
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</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>	V 112		

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V 112	<p>Continued From page 3</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to develop and implement strategies based on assessment for 1 of 3 audited clients (#5). The findings are:</p> <p>Review 04/26/23 of client #5's record revealed: - 48 year old male. - Admission date of 02/26/08. - Mild Intellectual Developmental Disability and Anxiety. - Person-Centered Profile dated 01/19/23. - No strategies for staff to address client #5's use of C-PAP and cleaning.</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>Review on 04/26/23 of an undated facility form to document inservice training revealed: - "Maintenance of C-PAP (Continuous Positive Airway Pressure), usage and cleaning." - Staff #1, Staff #2 and Staff #3 had not signed for completion of the above training for client #5's C-PAP machine.</p> <p>Observation on 04/26/23 at approximately 10:40am revealed: - Client #5's bedroom had a C-PAP machine at his bedside.</p> <p>Interview on 04/26/23 client #5 stated: - He had been at the facility a long time. - He had a C-PAP machine. - He had weight issues. - He put the C-PAP on at times. - He put the C-PAP on himself.</p> <p>Interview on 04/26/23 staff #1 stated: - She had worked at the facility approximately 4 years. - She was not at the facility when client #5 went to bed. - She had not had formal training in the use and cleaning of client #5's C-PAP machine. - She always encouraged client #5 to wear his C-PAP due to family with similar issues. - She encouraged client #5 to lose weight related to his C-PAP usage.</p> <p>Interview on 04/26/23 staff #3 stated: - He had worked at facility for approximately 6 years. - He had not been trained in the usage of client #5's C-PAP. - Client #5 refuses to wear the C-PAP.</p> <p>Interview on 04/27/23 the Qualified Professional</p>	V 112		

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V 112	Continued From page 5 stated: - She completed the PCPs. - She understood client #5's PCP needed to contain strategies to address his C-PAP usage.	V 112	Client PCP will be updated to include strategies to address his C-PAP usage.	5/31/23
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 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.	V 118	All staff will be retrained on medication administration procedures by nurse. MAR's will be checked weekly by Group Home Director.	5/31/23

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V 118	Continued From page 6 This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to keep the MAR current for 1 of 3 audited clients (#2). The findings are: Review 04/26/23 of client #4's record revealed: - 39 year old male. - Admission date of 05/24/06. - Diagnoses of Impulse Control Disorder, Moderate Intellectual Developmental Disability, Seizure Disorder, Bipolar Disorder, Major Depressive Disorder and Seasonal Allergies. Review on 4/26/23 of client #4's medication orders revealed: - An illegible signed physician order (clarified by the Facility Director as 11/15/22) for Vitamin D3 (treats vitamin deficiency) 2,000units - take 2 tablets daily. Review on 04/26/23 of client #4's January 2023 thru March 2023 MARs revealed the following transcribed entry: - Vitamin D3 1,000 unit - take 1 tablet once daily. - Staff initials to indicate the medication was administered daily. Interview on 04/27/23 the Facility Director stated: - She understood the MARs should be kept current. - Client #4 received the correct dosage of Vitamin D3. - The agency was in the process of changing pharmacies.	V 118		

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V 291	Continued From page 7	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain coordination between the</p>	V 291		

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V 291	<p>Continued From page 8</p> <p>facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients (#1). The findings are:</p> <p>Review on 04/26/23 and 04/27/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 35 year old male. - Admission date of 12/19/22. - Diagnosis of Mild Intellectual Developmental Disability. <p>Review on 04/27/23 of client #1's facility admission screening dated 08/15/22 revealed:</p> <ul style="list-style-type: none"> - Client #1 had previously lived with his aunt. - Client #1's current medications included a multivitamin and an as needed Albuterol Inhaler (prevents bronchospasm). <p>Interview on 04/26/23 client #1 stated:</p> <ul style="list-style-type: none"> - He had lived at the facility for several months. - He did not take any medications at the facility. <p>Interview on 04/26/23 the Facility Director stated:</p> <ul style="list-style-type: none"> - Client #1 was admitted in December 2022. - Client #1 did not take any medications. - Client #1 was scheduled for a medical appointment. - She was told client #1 did not take any medications prior to admission to the facility. 	V 291	<p>QP/ Group Home Director will thoroughly review admission information and documents for new incoming clients. Any medications will be aligned with diagnoses. QP/ Group Home Director will coordinate with family to ensure medications are accurate and in place prior to move. Client will be taken to primary care physician to verify diagnoses and medications.</p>	<p>5/31/23</p> <p>5/31/23</p>
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