

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2023
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NAME OF PROVIDER OR SUPPLIER PAUL'S LOVING CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3406 FERN PLACE GREENSBORO, NC 27408
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 13, 2023. The complaint was substantiated (Intake #NC00208102). 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 0. The survey sample consisted of audits of 1 former client.</p>	V 000		
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> <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	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to develop and implement goals and strategies to meet the individual needs of 1 of 1 Former Client #1 (FC #1). The findings are:</p> <p>Review on 10/12/23 of FC #1's record revealed: -An admission date of 4/25/22 -Diagnoses of Decreased Intellectual Functioning, Schizophrenia, Hypertension, Mictocytic Anemia (the presence of small red blood cells / iron deficiency), Hyperlipidemia (high levels of lipids/fats in the blood), Chronic Pain and Bladder Spasms -Age 59 -Discharge date of 9/23/23 -An assessment dated 4/25/22 noted "father's whereabouts unknown. Mother is deceased (1990), has 2 sisters, family 'lives far away' and 'does not see much', wears corrective lenses and dentures, is sad and depressed because she does not see her family members (sister visited once), no behavioral problems, likes to go on walks, playing cards, bingo, puzzles and going out to eat, prescribed medications listed, receives SSI)(Supplemental Security Income and Special Assistance, needs assistance with dressing, training opportunity with bathing, cooking laundry and chores and needs total assistance with financial management."</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-A treatment plan dated 4/25/23 noted "By 4/24/24, [FC #1] wants to reduce her smoking. [FC #1] will smoke a maximum of 8 cigarettes a day, 4 in the morning between 8am to 2pm and 4pm in the evening from 2pm to bedtime, will take medications as prescribed to maintain her best mental and physical health through the duration of her Person Centered Plan, will carry out tasks of personal care with minimal prompts/assistance from staff, will improve her communication skills by talking with residents that are bothering her and attending a PSR (Psycho Social Rehabilitation) program to develop her social skills in a variety of settings, will work on anger management and how to deal with stress situations in a social setting while attending the PSR program 5 days a week."</p> <p>- "Staff will: encourage her to quit smoking and provide positive feedback each day she goes without a cigarette, will provide positive affirmations (good job, way to go, that's awesome) when going a day without smoking, staff will process with [FC #1] on the benefits of not smoking (better healthy, more money), staff will process with [FC #1] about the reduction of smoking by encouraging her to follow the plan, staff will provide medications as prescribed, staff will encourage medication compliance, will educate on the expected benefits of taking medications, will assist with scheduling doctor appointments as needed, will encourage her to follow the recommendations of attending physicians, staff will provide supportive counseling as needed, staff will provide assistance with personal care tasks to ensure she is bathing, dressing appropriately and taking care of daily hygiene tasks, will provide supportive counseling to assist her with expression of her needs and wants."</p> <p>-No goals or strategies to address FC #1's</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>elopement tendencies -No goals or strategies to address multiple inpatient hospitalizations</p> <p>Review on 10/12/23 of the facility's incident reports revealed: -FC #1 was hospitalized from 8/7/23 to 8/24/23 -FC #1 was hospitalized from 9/10/23 to 9/17/23 -On 9/10/23 "[FC #1] has been leaving the facility reported she was hearing voices and wanted to go to the hospital." -On 9/23/23 "[FC #1] left the group home. Police was contacted. Police located [FC #1] and she requested to go to the hospital. She was transported to the hospital."</p> <p>Interview on 10/11/23 with FC #1 revealed: -Was guarded on the information she wanted to share -Had been hospitalized on multiple occasions -Had left the facility several times</p> <p>Interview on 10/12/23 with the QP revealed: -"I am responsible for her (FC #1) treatment plan." -FC #1 had left the facility on multiple occasions -FC #1 had been hospitalized on numerous occasions -"I did not update her plan (to address elopement tendencies, multiple inpatient hospitalizations)."</p>	V 112		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (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</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>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 interviews, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting 1 of 1 Former Client (FC #1). The findings are:</p> <p>Review on 10/12/23 of FC #1's record revealed: -An admission date of 4/25/22 -Diagnoses of Decreased Intellectual Functioning, Schizophrenia, Hypertension, Mictocytic Anemia (the presence of small red blood cells / iron</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>deficiency), Hyperlipidemia (high levels of lipids/fats in the blood), Chronic Pain and Bladder Spasms -Age 59 -Discharge date of 9/23/23</p> <p>Review on 10/12/23 of FC #1's discharge paperwork from a local emergency room dated 9/10/23 to 9/18/23, revealed: -Had been diagnosed with Pericardial Effusion on 7/13/23 -"Discharge Instructions: Follow up with primary medical doctor in 7 days ...view chest x-rays at next visit within 1 week with primary medical doctor, schedule an appointment with [a cardiologist's name] as soon as possible for a visit in 2 weeks ..."</p> <p>Review on 10/12/23 of the facility's incident report, dated 9/23/23, revealed: -"On 8/7/23 to 8/24/23 FC #1 was admitted to the hospital ... she had heart palpitations ..."</p> <p>Interview on 10/11/23 with FC #1 revealed: -Was guarded on the information she wanted to share -Had been hospitalized on multiple occasions -"[The Administrator] takes me to my doctor appointments." -Was not sure if she had been to all her follow up appointments -"There were just so many."</p> <p>Interview on 10/12/23 with the Administrator revealed: -Was responsible for scheduling doctor appointments, follow up appointments and providing transportation to and from those appointments -FC #1's heart problems came in when she went</p>	V 291		

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V 291	<p>Continued From page 6</p> <p>to the hospital in August (2023) -"She was hospitalized for atrial 'fluttering' and they kept her there for 8 days." -FC #1 had not seen a cardiologist as recommended -"She was in and out of the hospital so much we never got a chance to have her see a cardiologist."</p> <p>Interview on 10/12/23 with the Qualified Professional (QP) revealed: -"With [FC #1]'s coordination of care, [the Administrator] is responsible for that and handles the appointments ...I can't tell you if she (FC #1) followed up with the cardiologist ..." -Was not aware as the QP for the facility, she was responsible for service coordination -"I guess you are informing me we have to make changes (where the QP was responsible for service coordination ..."</p> <p>Interview on 10/11/23 with the Licensee revealed: -Due to FC #1's elopement from the facility and inpatient hospitalizations, "she was not seen by a cardiologist."</p>	V 291		