

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl062-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2024
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NAME OF PROVIDER OR SUPPLIER MONTGOMERY COMMUNITY LIVING SKILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 215 PAGE STREET BISCOE, NC 27209
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on January 4, 2024. The complaint was substantiated (intake #NC00210150). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities.</p> <p>This facility has a current census of 15. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>V112 Based on record reviews and interviews, the facility failed to implement goals and strategies to meet the needs for 1 of 3 audited clients (#1).</p> <p>In the investigation the rule was not met due to the individuals 1:1 staffing needs were not met for a specific period of time which lead to the follow corrective actions being implemented:</p> <ol style="list-style-type: none"> 1. Team Leader will receive disciplinary action that outlines expected protocol for Team Leader how to direct staff in the event a person who has a 1:1 staff that calls out prior to their shift that they will not be able to work. 2. Follow up supervision and coaching with Team Leader weekly/as needed with Director of Day Services 	11-21-23
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> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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	<p style="text-align: center;">RECEIVED JAN 25 2024 DHSR-MH Licensure Sect</p>	Begin 12/5/23 and ongoing

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

TITLE

(X6) DATE

Nancy Kaierle

VP of Operations LTSS

1/19/24

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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 failed to implement goals and strategies to meet the needs for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/3/24 of client #1's record revealed: -Admission date of 10/16/23 -Diagnoses of Unspecified Intellectual Disability, Autism Spectrum Disorder, and Cerebral Palsy. -Treatment plan dated 5/19/23: -1:1 Day Supports Individual - 30 hours weekly. -Needs verbal support to make safe choices when he eats. - May wander away from the group or staff. -Moves quickly and needs a staff person to provide direct support to prevent him from wandering away. -Needs hands on assistance with wiping after toileting, preparing foods, and completing oral care.</p> <p>Interview on 1/3/24 with staff #1 revealed: -Worked as Team Leader at the facility. -Client #1's assigned 1:1 staff "called out sick" at 9:00 a.m. on 11/1/23. -Client #1 arrived at the facility at 9:00 a.m. -He notified the five staff working to "keep an eye" on client #1 until he arrived. -He arrived at the facility "around 10:30 a.m."</p>	V 112	This page is intentionally left blank	
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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He was informed that client #1 retrieved candy from client #1's lunchbox, ate it, and vomited "sometime after." -He was aware that client #1 needed verbal prompting when he ate food. -Client #1 had to be "told to slow down" when he ate. -The Director of Day Services conducted an internal investigation and he received formal coaching. -He was coached on "what to do when someone calls out and there is no 1:1 coverage worker." -He would receive follow-up meetings with the Director of Day Services. <p>Interview on 1/3/24 with staff #2 revealed:</p> <ul style="list-style-type: none"> -She received a text from staff #1 at approximately 9:29 a.m. on 11/1/23 that stated client #1's "1:1 staff called out." -Staff #1 stated "he'd be in to work with client #1 and asked that we keep an eye on him until he came in." -Client #1 "is very hands on, busy and needs staff at all times." -Client #1 "moves quickly and is a handful." -Client #1 "requires more assistance than staff are used to seeing." -Client #1 "coughed and threw up." -Client #1 "did not require medical attention or anything." -"I did not see him eat anything." -Staff #1 "arrived to work around 10:55 a.m. or 11:00 a.m." -"This was the first time he's (client #1) had a 1:1 staff to arrive that late, which was too long based on his behavior." <p>Interview on 1/3/24 with staff #3 revealed:</p> <ul style="list-style-type: none"> -Client #1 was at the facility at 9:00 a.m. and did not have an assigned 1:1 worker. 	V 112	This page is intentionally left blank	

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Staff #1 "text staff around 9:29 a.m. stating that client #1's 1:1 staff called out and for staff to keep an eye on him until he came in to work with him." - "All five staff were supervising him (client #1) on 11/1/23." - "I only observed him (client #1) standing in the middle of the room and had puked (vomited)." - "I'm not sure why he puked (vomited) but he did." - Client #1 "requires a lot of attention." - Client #1 is "extremely busy." <p>Interview on 1/3/24 with staff #4 revealed:</p> <ul style="list-style-type: none"> - "I can't really remember what happened because it happened a few months ago." - Staff #1 "sent a group text saying that his (client #1's) assigned 1:1 staff was not coming in." - Staff #1 "said he told staff #3, but wanted the rest of the staff to know and to monitor him (client #1) until he arrived." - "We naturally monitor the clients anyway." - "I was tending to my assigned 1:1 individual too." - "He was sitting at a table, and I would look up and observe him." - "I saw him throw up in the activity room." - "He did not need medical care." - "I did not see him grab or eat any food item." - "I've seen him cough when he eats, because he can eat too fast." <p>Interview on 1/3/24 with staff #5 revealed:</p> <ul style="list-style-type: none"> - Staff #1 "notified staff to monitor him (client #1) until he arrived because his assigned staff called out." - Staff #1 said "he'd be late because of car issues." - "It's been a while since the incident, but I remember that the clients were eating snacks." - Client #1 "was at another table and ate from his lunchbox." - Client #1 "walked near my desk and threw up." 	V 112	This page is intentionally left blank	

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V 112	<p>Continued From page 4</p> <p>Interview on 1/4/24 with client #1's guardian revealed: -Client #1 was "fairly new to the day facility." -She was notified of the incident that occurred on 11/1/23.</p> <p>Interview on 1/3/24 with the Director of Day Services revealed: -An anonymous caller made a complaint on 11/1/23 and reported that client #1 required 1:1 staff coverage but that the assigned 1:1 staff called in sick. -It was reported that client #1 ate candy at the center and vomited. -It was reported that staff #1 was not on site and did not arrive until 10:45 a.m. -Client #1 did not have a 1:1 staff as indicated in his treatment plan. -Client #1 did not have 1:1 staff coverage for approximately 90 minutes. -The Vice President of Operations, the Vice President of Regulatory Affairs, along with the Director of Day Services conducted an internal investigation. -Staff were interviewed and management "internally substantiated the incident on 11/1/23 because the client did not have a 1:1 staff." -Staff #1 received formal coaching to "address prevention of situations like this" in addition to "weekly/as needed follow-up meetings" with the Director of Day Services.</p>	V 112	This page is intentionally left blank	