

Division of Health Service Regulation

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|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL018044</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/20/2023</b> |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SPECIAL UNION HOME**

**704 EAST UNION STREET  
MAIDEN, NC 28650**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  | (X5)<br>COMPLETE<br>DATE |
|--------------------------|---|---------------------|---|--------------------------|
| V 000                    | INITIAL COMMENTS<br><br>An annual and complaint survey was completed on 11/20/23. The complaint was unsubstantiated (# NC208108). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.<br><br>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.   | V 000               | V112<br><br>Service Plan did not include an update to the service plan in regard to cell phone usage, completing chores, attending day activity. Treatment Team; including Cabarrus DSS guardian of the resident, Partners Care Coordinator and her supervisor, RHA QP and RHA Administrator met on 10/11/23 to discuss putting a plan in place for cell phone use. QP and Administrator contacted Care Manager and Supervisor numerous times in regard to updating the plan. Another meeting was held on 11/27/23. Again, it was requested by RHA for Partners to update plan. |                          |
| V 112                    | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

6K6Q11

If continuation sheet 1 of 6

**RECEIVED**

**DEC 28 2023**

**DHSR-MH Licensure Sect**

Division of Health Service Regulation

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| V 112   | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to develop and implement treatment strategies to address the clients' needs for 1 of 2 audited clients (#2). The findings are:</p> <p>Record review on 11/15/23 for Client #2 revealed:<br/>-Date of admission: 12/17/22.<br/>-Diagnoses: Aspergers syndrome, Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Mood Disorder, Oppositional Defiant Disorder.<br/>-Consent for Rights Limitation signed by guardian 10/11/23 noted "Description of the Limitation: Cell phone agreement/consequences. Approved cell phone usage hours from 2/3pm-8pm Monday-Sunday being supervised by staff, after shower and chore of the day is completed. Saturday/Sunday if chores and shower are completed earlier [Client #2] can have the cell phone usage earlier than 8pm. Detailed Justification for limiting this right: Due to the history of elopement, Discussing HIPAA information, communication with people she doesn't know for her safety, refusing showering and completing chores."<br/>-There were no strategies identified in the treatment plan for Client #2 to attain compliance in order to gain total access of her cell phone.</p> <p>Interview on 11/15/23 and 11/17/23 with Client #2 revealed:</p> | V 112  | <p>Administrator and QP also had a meeting with 2 Care Manger Supervisors on 12/7/23 to discuss the importance of timely updates to treatment Plans.</p> <p>On 12/13/23 RHA received Updated plan with requested information added to the plan.</p> <p>Please see attached.</p> <p>In the future RHA Gastonia Unit (Qualified Professional and Administrator will continue to request updates are added to treatment plans timely.</p> |  |

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| V 112   | <p>Continued From page 2</p> <p>-Didn't have her cell phone during the day until after chores were done usually after 2pm.</p> <p>- "I was at 1 or 2 of the (team) meetings. [Qualified Professional] (QP) makes all the decisions and [Guardian] just does what she says."</p> <p>-Kept her phone in a lock box in the medication closet overnight. She knew the code to lock or open the box. She charged her phone during the day so she could immediately use it when she was allowed.</p> <p>Interview on 11/16/23 with Client #2's Guardian revealed:</p> <p>-Client #2 didn't want to admit she didn't know how to do something. She felt she could live independently.</p> <p>- "My supervisor and I agree with guidelines RHA (License) has in place. We discuss and agree or disagree before anything is put into place. I was allowing her (Client #2) to have her cell phone all the time. When she ran, we decided we should pull back some. We cut out the morning shower music and during the day program."</p> <p>Interview on 11/15/23 with Staff #1 revealed:</p> <p>-Just 1 month ago Client #2 lost access to her phone during the day. She doesn't have her phone during the day and can't take it in the bathroom anymore. She had radio now or blue tooth with the phone left in the office.</p> <p>-Had "heard her [Client #2] talking to random boys saying inappropriate things. [The QP] talked to her and told staff to enforce the rules."</p> <p>-Client #2 had a 2nd phone the whole time. She had it when the police brought her back 2 weeks ago.</p> <p>She left saying one of her friends was in the hospital so she was going to see him.</p> <p>Interview on 11/15/23 with the House Manager</p> | V 112  |  |  |

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| V 112   | Continued From page 3<br><br>revealed:<br>-Kept Client #2's phone locked overnight so she can't run with it. She had eloped twice. Two weeks ago she went into Client #1's room, locked the door and climbed out the window going to meet a friend.<br>-She had a boyfriend in another town; that's where she went the 1st time she eloped.<br>-She had her phone with her all the time at day program and was not participating in any activities because she was on her phone.<br><br>Interview on 11/17/23 with the Qualified Professional and the Regional Administrator revealed:<br>- Had a zoom meeting on 10/11/23 to discuss phone restrictions for Client #2 and have signed consent from Client #2's guardian. "This restriction also went through our Human Rights Committee."<br>-"We don't have updated plan from Care Coordinator. It takes 2 weeks to get approval through MCO (Managed Care Organization) process."<br>-"We did everything except update the treatment plan because we don't write the plan." | V 112  |  |  |
| V 123   | 27G .0209 (H) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.  | V 123  |  |  |



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| V 123   | <p>Continued From page 4</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 2 audited clients (#2). The findings are:</p> <p>Record review on 11/15/23 for Client #2 revealed:<br/>-Date of admission: 12/17/22.<br/>-Diagnoses: Aspergers syndrome, Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Mood Disorder, Oppositional Defiant Disorder.<br/>-Physician ordered medications included:<br/>-Proto-med cream 2.5% (hemorrhoids)-insert into rectum twice daily for 10 days ordered on 11/2/23.<br/>-Athletes foot 1% Aerosol Powder (athlete's foot)-spray once daily ordered on 11/1/23.</p> <p>Review on 11/15/23 of 9/1/23-11/15/23 MARs for Client #2 revealed:<br/>-Procto-med cream was marked as refused on 11/6/23, 11/9/23, 11/10/23, 11/12/23, 11/13/23 am doses and 11/7/23, 11/9-11/12/23 pm doses. (10 doses)<br/>-Athlete's foot aerosol was marked as refused on 11/6/23, 11/10/23, 11/14/23. (3 doses)<br/>-There were no notes to indicate staff reported the refusals to the Licensee's nurses nor making a physician or pharmacist aware.</p> <p>Interview on 11/17/23 with Client #2 revealed:<br/>-She took medications every day for anxiety, mood, vitamins and to help her sleep.<br/>-"I can self administer myself but some staff don't</p> | V 123  | <p>V123</p> <p>Resident had refused 2</p> <p>Physician ordered items.</p> <p>RHA policy is for the</p> <p>employee to document</p> <p>and contact the nurse.</p> <p>Nurse will then contact</p> <p>the physician.</p> <p>Employees did document</p> <p>the refusal in electronic</p> <p>system, Quick Mar but did</p> <p>not contact nurse. The</p> <p>Nurse would not have</p> <p>seen the documentation</p> <p>immediately due to the</p> <p>many entries in the system.</p> <p>Employees felt it was a</p> <p>cream and a spray and</p> <p>it was resident's right</p> <p>to refuse; they looked</p> <p>at pills as more of an</p> <p>importance.</p> |                          |   |

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| V 123   | <p>Continued From page 5</p> <p>let me."</p> <p>"Refused ones that I know I don't need or don't like. Some are really gross or I don't like how they make me feel."</p> <p>Interview on 11/16/23 with the Qualified Professional revealed:</p> <p>"I look at quickmar to make sure its all signed. The nurses go to the houses monthly."</p> <p>Interview on 11/16/23 with the Regional Administrator revealed:</p> <p>-Staff continue to try to give a medication for an hour. Staff document in quick mar that client refused medication. Staff call the nurse on call and the nurse on call contacts the doctor.</p> <p>-Have a medication variance form to document staff's failure to correctly administer medications but only use the quick mar system to document client refusal of medication.</p> <p>-Staff did not notify the nurses Client #2 had refused any medications.</p> | V 123  | <p>RN completed In-Service with</p> <p>all homes to ensure</p> <p>clear understanding of</p> <p>a med refusal and RHA</p> <p>policy. Please see attached.</p> |  |

Name: [REDACTED] DOB: [REDACTED] Gender: Female  
Member ID: [REDACTED] Age: 26  
BHP: Partners > Medicaid Direct Innovations > Partners Internal > PI Adult

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**I/DD TP ISP Update (06/27/23)**

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Start Date: 12/13/2023 11:56 AM Provider Name:  
Complete Date: Provider Specialty:  
Case#: Case Name:  
Score: NA

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*Dates*

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**Meeting date of ISP update**

11/27/2023

**Implementation Date of Update**

12/14/2023

**ISP Start Date**

02/01/2023

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*Describe*

---

**What is happening in my life right now?**

THERE ARE NO CHANGES BEING MADE TO CURRENT SERVICES FOR [REDACTED] This update is being completed at team's request to reflect concerns and consequences with use of her cell phone. [REDACTED] has her own cell phone. Recently there have been several issues with this trying to let her have her own independence and freedom. She has violated staff's trust and put herself in situations contacting others that could potentially put her in danger.

**What needs to change?**

[REDACTED] needs stricter guidelines laid out for use of her cell phone that are laid out in this update and guide lines attached. These guidelines have been developed and approved by her LRP/Cabarrus County DSS as well as Human Rights Committee with RHA. These have been gone over and explained to [REDACTED] she refuses to sign the agreement but has been made fully aware of the consequences if these are not followed through and violated for any reason.

Member ID:

Age: 26

BHP: Partners > Medicaid Direct Innovations > Partners Internal > PI Adult

## Action Plan

### Goal 1

#### Goal 1 Statement

will have use of her cellphone with guidelines in place to follow.

- will get up in the morning and attend day services, upon returning home in the afternoon will complete chores and once completed she will receive her cell phone
- Cell phone will be given back to staff at 8pm
- Conversations on cell phone will be supervised by staff in the common areas.
- On weekends she will be completing her chores and then receiving the cell phone.
- Staff will periodically check phone when requested without refusals
- No cell phone during bathroom time. All calls are supervised in common areas.
- No cell phone time during working hours
- No cell phone time during eating
- No dating sites allowed (this would also need to go in ISP)
- No sending or receiving nude photos nor search for pornography or anything else

#### Consequences:

- Any Violations unlawful- Loss of cell phone until further notice
- 1st time violation- Sit down Discussion to review Violation and Loss of cell Phone for 3 days.
- 2nd violation- Sit down Discussion to review Violation and Loss of cell Phone for 1 week.
- 3rd violation- Sit down Discussion to review Violation and Loss of cell Phone for 2-weeks.
- 4th violation- Team will have Sit down Discussion to review Violation and Loss of cell Phone for 1 month.

#### RHA STAFFING CONCERNS:

1 to 1 staffing from 8am to 8pm will be continued as staffing is located due to the 2nd 12 hours shift having never been hired yet, just 1 staff in place and trying to find extra staffing to fill in. As of 11/27/23 the only 12-hour staffing per RHA had transferred to another home, so now there is NO 1 to 1 for . It has become increasingly hard to fill the needs of the 1 to 1 for 12 hours. During the day while is at Day Activity there is ample staffing at Day Activity Center, but from 3pm to 8pm there may be times when it is 1 staff to 2 residents in the home.

#### Who helps me?

RHA Health Services

#### How and How Often?

RHA Staff

#### Where am I now?

has her own cell phone. Recently there have been several issues with this trying to let her have her own independence and freedom with the use of this. She has violated staff's trust and put herself in situations contacting others that could potentially put her in danger.

#### Where?

RHA Day Program RHA group home

#### Target Date

01/31/2024

### Goal 2

#### Goal 2 Statement



Who helps me?

How and How Often?

Where am I now?

Where?

Target Date

Goal 3

Goal 3 Statement

Who helps me?

How and How Often?

Where am I now?

Where?

Target Date

Goal 4

Goal 4 Statement

Who helps me?

How and How Often?

Where am I now?

Where?

Target Date

Goal 5

Goal 5 Statement

Who helps me?

How and How Often?

Where am I now?

Where?

Target Date

Goal 6

Goal 6 Statement

Who helps me?

How and how often?

Where am I now?

Where?

Target Date

Goal 7

Goal 7 Statement

Who helps me?

How and how often?

Member ID:

Age: 26

BHP:

Partners > Medicaid Direct Innovations > Partners Internal > PI Adult

Where am I now?

Where?

Target Date

Goal 8

Goal 8 Statement

Who helps me?

How and how often?

Where am I now?

Where?

Target Date

### *Back-Up Staffing Plan*

Agency-Directed Services OR Individual/Family Direction / Agency With Choice (AWC) Model

Agency Back-Up

[REDACTED] RHA Q [REDACTED]

Non-Paid Back-Up (in the event of an emergency)

[REDACTED] DSS LRP [REDACTED]

Individual/Family Direction / Employer of Record (EOR) Model\*

Back-Up Staffing Agency

N/A

### *Statement of Concern or Disagreement*

I, the individual/Legally Responsible Person signing this plan, have concerns or disagree with the following issues related to my Individual Support Plan:

None at this time.

### *Individual and/or LRP Signatures*

By signing this plan, I am indicating agreement with the bulleted statements listed here unless crossed through. I understand that I can cross through any statement with which I disagree.

Yes

My Care Coordinator helped me know what services are available.

Yes

I was informed of the range of providers in my community qualified to provide the service(s) included in my plan and freely chose the providers who will be providing services/supports.

Yes

This plan includes the services/supports I need.

Yes

I participated in the development of this plan.

Yes

I understand that Partners Health Management will be coordinating my care with the Partners Health Management network providers listed in this plan.

Yes

I understand that all services under the Innovations Waiver, including Residential Supports and Supported Living, should be requested to the full extent of the individual's level of medical necessity; regardless of the individual's budgeting category.

Yes

I understand that services may be authorized in excess of the Individualized Budget.

Yes

I agree to receive mail at the address included in my plan and understand that I am responsible for notifying my Care Coordinator and DSS of any address changes.

Yes

Signature of Individual

Date:

Signature of Legally Responsible Person

Date: 12/13/2023 | 1:34 PM EST

Signature of Care Coordinator

Date: 12/13/2023 | 1:48 PM EST

I acknowledge that I have received and reviewed the plan and attachments:

Signature of Qualified Professional / Agency Name

Date: 12/13/2023 | 1:18 PM EST

Signature of Other Plan Participant /Agency Name

Date:

Signature of Other Plan Participant /Agency Name

Date:

Signature of Other Plan Participant /Agency Name

Date:



## ***In-service Training***

End Time:

**Total Time:**

Title

## Purpose/Outline of Training

The purpose of this In-service is to discuss the protocol for medication refusals. All clients have the right to refuse medication. We must ensure that we are using the whole two-hour timeframe to attempt to give these medications. If a client still refuses after the timeframe, it must be documented in QuickMAR. It is important to put a note explaining why the client may have refused the medication. After this is documented in QuickMAR, you must notify the nurse on-call to ensure that they are aware the medications have been refused. We must have proper documentation so the physician can be notified, and changes can be made as needed. If you have any questions about refusals, please do not hesitate to reach out. Thank you!

**Instructor's Signature**

## Attendance Roll

[illegible]

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December 21, 2023

[REDACTED]  
Facility Compliance Consultant I

Mental Health Licensure & Certification Section

RE: Complaint Intake #N [REDACTED]

Dear Ms. [REDACTED]:

Please find the attached plan of correction for the standard deficiencies cited in your recent complaint/annual survey completed November 20, 2023, of Special Union, located at 704 Union Street, Maiden NC 28650, MHL #018-044. We thank you for your continued dedication to quality services. Please contact me if you have any further questions about the correction plan.

Regards,  
[REDACTED]

[REDACTED] MA, EdS

Administrator

RHA Health Services, LLC

1564-D Union Road

Gastonia NC 28054

*In every face, a possibility.*