

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/13/2024
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NAME OF PROVIDER OR SUPPLIER THOMAS SUPERVISED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7016 BEAVERWOOD DRIVE RALEIGH, NC 27616
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 3/13/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 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 review and interview, the facility failed to implement strategies to meet the needs of 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 3/7/24 of Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/27/20 - Diagnoses: Autism, Intellectual Disability-Severe - Treatment Plan dated 3/2/24 revealed: <ul style="list-style-type: none"> - "[Client #5] requires 1:1 staffing during his awake hours...He can go from agitation to aggression quickly and will do the following: charge staff, make loud noises, bang on mirrors, jump up and down, break personal items, push against staff and scream...He is very slow when getting up in the mornings and needs that 1:1 to help him get up and get his day started. He requires prompts/coaching for dressing, showering and sometimes partial physical assistance if he is wanting to go back to bed...When [Client #5] is with his group in the community, there have been no issues with elopement. However, he has the 1:1 with him at all time." <p>Interview on 3/13/24 the Licensee reported:</p> <ul style="list-style-type: none"> - Client #5 had a 1:1 but it was whatever staff was working that shift, no 2nd staff - He just had a talk with his Qualified Professional about getting additional staff - He would be getting another staff very shortly, 	V 112		

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V 112	Continued From page 2 within the next few weeks - Client #5 previously had a 1:1 a few months ago - That staff was terminated because it wasn't beneficial for client #5	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility was not maintained in a safe manner. The findings are: Review on 3/7/24 of The NC State Residential Building Code Section 310.2.1 revealed: - "Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")." Observation on 3/7/24 at approximately 10:00am of client #2's bedroom revealed the following:	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> - There was only 1 window in the bedroom and it would not stay open on its own - Staff #1 attempted several times to open the window and let go but the window would drop down to the window seal each time <p>Interview on 3/7/24 Client #2 reported:</p> <ul style="list-style-type: none"> - He would use the window in case of an emergency - "It used to stay up and now it don't want to" <p>Interview on 3/7/24 the Licensee reported:</p> <ul style="list-style-type: none"> - He checked the windows quarterly, every 3 months - Never had any issue with client #2's window - Had the side streams, pieces on the side that hold the window up, repaired in the past, about 1 or 2 years ago, and probably need it fixed again - Would have the window checked and fixed <p>Review on 3/7/24 of the Plan of Protection completed by the Licensee dated 3/7/24 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - Immediate action is to contact repair man to repair the broken window. We will have resident use the next room over if there is any need to evacuate the house <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - I will check the window on a daily basis to make sure the window is repaired by repairman ASAP (as soon as possible). This will be checked on a monthly basis to ensure this will not happen again. This will be documented monthly." <p>This facility serves clients whose diagnoses included: Schizoaffective disorder, Intellectual Disability, Fragile X, and Autism. Client #2 had</p> 	V 736		

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V 736	Continued From page 4 only one window in his bedroom and it wouldn't stay open on its own. Client #2 would not have access to the outside in the event of an emergency. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 736		