

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/22/2024 |
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| NAME OF PROVIDER OR SUPPLIER LIPPARD LODGE | STREET ADDRESS, CITY, STATE, ZIP CODE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 22, 2024. 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>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to conduct fire and disaster drills once per shift per quarter. The findings are:</p> <p>Review on 3/22/24 of the facility's fire and</p> | V 114 | <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 16 2024</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p> <p>Lutheran Family Services (LFS) Lippard Lodge Group Home will meet 10A NCAC 27G.0207 (c) rule by implementing their written fire plan and disaster plan that was developed to meet the approval of the appropriate local authorities. The plan will include a yearly calendar which will instruct all staff members to complete and repeat specific shifts' fire drill</p> | 04/12/2024 |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donna Gaddy, BA/QP</i> | TITLE <i>Program Director</i> | (X6) DATE <i>04/04/2024</i> |
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| V 114 | <p>Continued From page 1</p> <p>disaster drills, from March 2023 to March 2024 revealed:</p> <p>-3/11/23, a fire drill was conducted at 9:00am</p> <p>-No documentation of a disaster drill conducted in March 2023</p> <p>-4/1/23, a fire drill was conducted at 11:00am</p> <p>-4/5/23, a disaster drill was conducted at 1:00pm</p> <p>-4/7/23, a fire drill was conducted at 11:00am</p> <p>-5/1/23, a fire drill was conducted at 11:00am</p> <p>-5/4/23, disaster drill was conducted at 1:00pm</p> <p>-5/16/23, a fire drill was conducted at 3:15pm</p> <p>-6/1/23, a fire drill was conducted at 10:00am</p> <p>-6/1/23, a disaster drill was conducted at 1:00pm</p> <p>-7/28/23, a fire drill was conducted at 1:45pm</p> <p>-No documentation of a disaster drill conducted in July 2023</p> <p>-8/3/23, a disaster drill was conducted at 9:15pm</p> <p>-8/20/23, a fire drill was conducted at 6:50pm</p> <p>-9/15/23, a fire drill was conducted at 11:35pm</p> <p>-No date for the September 2023 disaster drill conducted at 9:00pm</p> <p>-10/7/23, a disaster drill was conducted at 9:45pm</p> <p>-10/15/23, a fire drill was conducted at 10:42am</p> <p>-11/1/23, a disaster drill was conducted at 9:20pm</p> <p>-No documentation of a fire drill conducted in the month of November 2023</p> <p>12/17/23, a fire drill was conducted at 11:30pm</p> <p>-No documentation of a disaster drill conducted in the month of December 2023</p> <p>-1/28/24, a fire drill was conducted at 2:55pm</p> <p>-No documentation of a disaster drill conducted in the month of January 2024</p> <p>-2/27/24, a disaster drill was conducted at 3:30pm</p> <p>-2/24/24, a fire drill was conducted at 3:30pm</p> <p>Interview on 3/21/24 with client #1 revealed:</p> <p>-The facility staff had conducted fire drills.</p> <p>-Had participated in disaster drills, "but it's been a while..."</p> | V 114 | <p>for each month and will rotate to ensure that all shifts will have a fire drill completed quarterly. Shifts shall include 1st (7am - 3pm), 2nd (3pm - 11pm), and 3rd (11pm - 7am). The calendar will also include a quarterly disaster drill. All drills will be conducted under conditions that simulate emergencies. The plan/calendar will be available and posted in the facility along with evacuation procedures, routes, and accessible basic first aid supplies. All completed drills will be documented of the corresponding drill form. The program director will monitor fire and disaster drills and their routine implementation to include each shift rotation during a quarter.</p> | |

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| V 114 | Continued From page 2 Interview on 3/21/24 with staff #1 revealed: -"I have not been here for one (disaster drill) yet..." Interview on 3/22/24 with the Executive Director revealed: -Would ensure the facility staff were documenting the fire and disaster drills once per shift per quarter. | V 114 | | |
| V 291 | 27G .5603 Supervised Living - Operations 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 provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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 | V 291 | | |

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| V 291 | <p>Continued From page 3</p> <p>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 observations, record reviews and interviews, the facility failed to provide activities designed to foster community inclusion for 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Observations on 3/21/24 from 8:58am to 4:37pm of the facility revealed: -Client #2 had left to go to the day program -Clients #1 and #3 were in the facility -Client #3 came into the dining room area at 10:38am -Clients #1 and #3 participated in making a collage -Client #3 sat in the den area, alone, with the lights off and watched television -Client #1 sat in the living room and watched television</p> <p>Observations on 3/22/24 from 8:56am to 12:22pm of the facility revealed: -Client #2 had left to go to the day program -Clients #1 and #3 were in the facility -Client #3 came into the dining room area at 10:24am -Clients #1 and #3 participated in coloring an image with crayons and markers -Client #1 sat in the living room and watched television</p> <p>Review on 3/21/24 of client #1's record revealed: -An admission date of 8/2/04 -Diagnoses of Mild Intellectual Disability, Major</p> | V 291 | <p>LFS Lippard Lodge Group Home will meet 10A NCAC 27G. 5603 (d) by providing each client activity opportunities based on her/his choices, needs and their treatment/ habilitation plan. Activity opportunities of choice will be identified during a weekly Client Governance Meeting. The agenda will include program updates/reminders, house matters/problem solving, community events upcoming, outing request and meal planning. All appropriate activities from each client that can be reasonably accommodated will be planned for the following week. To ensure community inclusion, activities will not be required for the group. Staff client ratio for activities will be scheduled as 1:1, 1:2 or as needed. Activity participation will be documented and listed within the qualified professional reports.</p> <p>The program director will monitor Client Governance Meetings and ensure that client choices are acknowledged and routinely adhered to, including community inclusion activities.</p> | 04/12/2024 |

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| V 291 | <p>Continued From page 4</p> <p>Depressive Disorder, Generalized Anxiety Disorder (GAD), Gastro-Esophageal Reflux Disease (GERD), Post Traumatic Stress Disorder (PTSD), Mild Neurocognitive Disorder due to Traumatic Brain Injury (TBI), Cerebral Palsy (CP), Unspecified and Adjustment Disorder with Mixed Emotions and Conduct -Age 51 -No documentation of limited choices due to involvement of the court or legal system. -No documentation of a primary concern of health or safety issues.</p> <p>Review on 3/21/24 of client #2's record revealed: -An admission date of 8/12/13 -Diagnoses of Mild Intellectual Disabilities, Anxiety Disorder, Unspecified, Other Specified Mental Disorders Due to Known Physiological Condition -Age 30 -No documentation of limited choices due to involvement of the court or legal system. -No documentation of a primary concern of health or safety issues.</p> <p>Review on 3/21/24 of client #3's record revealed: -An admission date of 4/1/13 -Diagnoses of Major Neurocognitive Disorder due to TBI with Behavioral Disturbance and Bipolar Disorder I, Moderate -Age 54 -No documentation of limited choices due to involvement of the court or legal system. -No documentation of a primary concern of health or safety issues.</p> <p>Interview on 3/21/24 with client #1 revealed: -"I mostly sit here (in the facility) and watch old tv shows." -"I would like to go to [a local city] where my</p> | V 291 | | |

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| V 291 | <p>Continued From page 5</p> <p>family is at." -"I would like to go out to eat. We have been a few times, but it depends on how many staff there are..." -"We used to go to the park, but not anymore..."</p> <p>Interview on 3/21/24 with client #2 revealed: -Attended a day program during the week -On the weekends, "we watch tv and plays cards. Sometimes we go outside (in the community). I would like to get out more. There's not enough staff to go out on the weekends. We need two staff so they can take both of the vans...I would like to go out to eat at [a restaurant's name] and [another restaurant's name]..."</p> <p>Interview on 3/21/24 with client #3 revealed: -Spent his days watching the news. -"I used to worked out before I came here." -"We have gone out to eat. Primarily this is my life right here (pointed to his wheelchair...if they do art projects here, I participate as I enjoy doing those..." -"It would be nice to do things. To get out...I enjoy doing things (out in the community)...I enjoy socializing...before, I wasn't limited like I am now because I am paralyzed from the waist down...I basically just sit and watch the news now.."</p> <p>Interview on 3/21/24 with staff #1 revealed: -Was hired on 12/28/23 -"Since I have been here, we went out on a couple of rides...we haven't been able to do much (community outings) because we need to take two vans...there are two of us that have not had the defensive driving that is required to drive the vans..." -"...If we are going to the bank or have medical appointments, we do try to stop and get them (the clients) some food so it is like an outing...I</p> | V 291 | | |

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| V 291 | <p>Continued From page 6</p> <p>absolutely think they would like to get out more...I know they would like to go out to eat or visit their home towns...one client (#2) does have a membership to the YMCA (Young Men's Christian Association) and we have a beach trip planned from April 29th (2024) to May 2nd (2024)..."</p> <p>"Of the people working today (3/21/24) two of the four are able to drive (the vans)...but because the trainer (for the Defensive Driving course) has not trained staff yet, we can't drive the vans...I think it is company policy to have the training before you can drive...but we could not follow through (on outings) because he (the trainer) did not show up for the training..."</p> <p>"We have been to the mall."</p> <p>Interview on 3/21/24 with staff #2 revealed: -Had worked with the agency "for 2 months or so." -Facility activities and outings included "word searches, multiplications, painting, connect the dots, going out in the community and to the mall." -"We have to take both vans to go on outings, but you have to have the defensive driving course before you can drive the van...I have not had that training and neither has [staff #1]...The person who was to do the training did not show up, twice..."</p> <p>Interview on 3/21/24 with the Program Manager revealed: -Outings in the community included "going bowling, going to the park, going for ice cream and a cook out for the 4th (of July 2023)." -"We haven't been going out (into the community) due to being short staffed...when we were short staffed, it affected us by not doing so many outings. We did not have enough staff to take them in the community. We have to technically..." -"...We have 2 vans that we use for outings...but</p> | V 291 | | |

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| V 291 | <p>Continued From page 7</p> <p>some of us are not trained in the defensive driving class. That's required before we can drive...we were supposed to have training this past Thursday (March 14th). I don't know what happened, but he (the trainer) did not show up then and he did not show up on Tuesday (March 19th)..."</p> <p>"I totally wish we had one van. A large one and then it would not be an issue. One of the vans is handicapped accessible..."</p> <p>Interview on 3/22/24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The clients' activities in the community had decreased due to Covid. -I will get with the Quality Assurance Manager to work with me and the Qualified Professional (to ensure the clients were in the community for activities)..." -Facility staff were not to drive the vans without Defensive Driving training. -Was not aware some of the new staff had not been trained in Defensive Driving. -Was not aware the trainer for the Defensive Driving course had cancelled two separate trainings. | V 291 | | |
| V 536 | <p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall</p> | V 536 | | |

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| V 536 | <p>Continued From page 8</p> <p>demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making | V 536 | | |

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| V 536 | <p>Continued From page 9</p> <p>decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> | V 536 | | |

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| V 536 | <p>Continued From page 10</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> | V 536 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/22/2024 |
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| NAME OF PROVIDER OR SUPPLIER LIPPARD LODGE | STREET ADDRESS, CITY, STATE, ZIP CODE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012 |
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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 |
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| V 536 | <p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 4 audited staff (#2) were initially trained on alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/21/24 of staff #2's record revealed: -A hire date 2/3/24 -A job description of Direct Care Worker -No documentation of initial training on alternatives to restrictive interventions.</p> <p>Interview on 3/21/24 with staff #2 revealed: -The facility was a "hands off" facility -"We are only to use de-escalation techniques. I have not been trained on that yet, but I am learning..." -"I feel comfortable with the trainings I have had so far..."</p> <p>Interview on 3/21/24 with the Program Manager revealed: -"I would like them (facility staff) to be trained within the first 90 days (of employment)..."</p> <p>Interview on 3/22/24 with the Executive Director revealed: -"Someone does not know our training process. We initiated only de-escalation techniques last year. I will get a response from [the Qualified Professional] regarding the training for staff."</p> | V 536 | <p>LFS, Lippard Lodge Group Home will meet 10A NCAC 27E.0107 (b) by training newly employed staff members, students, or volunteers on alternatives to restrictive interventions prior to scheduling them to provide services to/work with group home clients with disabilities. CPI (Crisis Prevention Institute) Nonviolent Crisis Intervention Training will be utilized. LFS' CPI trainer will make dates available to group home directors for scheduling. An individual's start date (first day of employment) with the group home shall be a training day. The training day will include: communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. The individual will complete the training successfully in efforts to demonstrate competence in alternatives to restrictive interventions. No new staff member will begin services with group home clients prior to training. The program director will ensure that no new staff member will begin providing services to the group home clients prior to alternatives to restrictive interventions training.</p> | 04/12/2024 |

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