



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/20/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY LIVING ASPEN HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3680 CHERRY ROAD WASHINGTON, NC 27889</b>
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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 114	Continued From page 1  Review on 1/25/24 of facility records for January 2023 thru December 2023 revealed: Fire Drills: -No documented 3rd shift fire drill for the February-April 2023 and May -July 2023 quarter. -No documented 2nd or 3rd shift fire drill for the November 2023 - January 2024 quarter.  Disaster Drills: -No documented 1st or 3rd shift disaster drills for the February - April 2023 quarter. -No documented 1st or 3rd shift disaster drills for the May - July 2023 quarter. -No documented 2nd or 3rd shift disaster drills for the November 2023 - January 2024.  Interview on 2/20/24 client #'s 1, #2 and #4 stated they participated in drills at the facility.  Interview on 2/20/24 the Supervisor In Charge stated fire and disaster drills had been completed at the facility.  Interview on 2/20/24 the Qualified Professional stated shifts at the facility were: 9:00am-5:00pm, 5:00pm-1:00am, 1:00am-9:00am. He understood the requirement that fire and disaster drills were to be completed at least quarterly and repeated on each shift under conditions that simulate fire emergencies.	V 114		
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RECEIVED  
FEB 20 2024  
STATE OF NORTH CAROLINA



### Plan of Correction

Country Living Guest Home , Inc.  
 Country Living: Aspen House  
 MHL-007-086

ID Prefix Tag	Plan of Correction	Complete Date
<p>V114            27G .0207 Emergency Plans and Supplies</p>	<p>The facility will continue to conduct fire drills on a monthly basis. Each month, the drill will be conducted during a different shift, ensuring that a drill is held in each of the 3 designated shifts per quarter.</p> <p>Designated Shifts are as follows:            -1<sup>st</sup> 9am to 5pm            -2<sup>nd</sup> 5pm to 1am            -3<sup>rd</sup> 1am to 9am</p> <p>All drills will simulate fire emergencies.</p> <p>Fire drills will be documented on the Fire &amp; Disaster Drill Rehearsal Form located within each individual home.</p> <p>All drills will be reviewed monthly by the designated Quality Assurance Supervisor. Prior to signing off on the drill, the QAS will ensure that drills have been conducted in a manner that is consistent with the information listed above.</p> <p>A management meeting was held on 2/26/24 to discuss the deficiency noted by DHHS on 2/20/24. The meeting was conducted by [redacted] and [redacted] LCSW, QP, Administrator with all 3 Quality Assurance Supervisors present.</p>	<p>3/12/24</p>

Provider Signature: *John Bell, BSW, PA, et*

Date: 3/12/24



# Country Living Guest Home, Inc.

217 East 9<sup>th</sup> Street

Washington, NC 27889

Phone: 252-975-3741 Fax: 252-975-3044

MHLC  
MHLC-007-032

To Whom It May Concern,

We are writing to you to express grave concerns that have arisen since NC LIFTSS has recently become the contracted agency to assess the need for Personal Care Services. These concerns extend beyond our agency and we fear this change will likely result in a mass shutdown of facilities across the state of North Carolina.

Since our agency's first contact with NC LIFTSS, we have received mass denials for Personal Care Services for individuals that previously were receiving the full 80 hours. In case you are unfamiliar, Personal Care Services is additional funding given to facilities based on an independent assessor's evaluation of the need for assistance with ADLs (Activities of Daily Living) of each individual resident. Most residents that reside in a group home, do so because they can not adequately meet their own needs in an independent setting. The majority need help ensuring their teeth are brushed, their meals are cooked, their medications are administered, their nails are trimmed, their hair is washed, and that they are adequately shaved. The majority of females in group homes are unable to hygienically respond to their monthly cycle. It is imperative to note, that most of these needs extend far beyond what would be considered typical Room and Board. The maximum amount of hours possible is 80 hours of assistance per month per individual but may be less based on the assessor's evaluation. Since the current Medicaid Room and Board Rate is \$1326/month (approximately \$44/day), Personal Care Services are a major source of additional funding for group homes like ourselves.

I understand that the purpose of the new contract with NC LIFTSS was to prevent fraud and save the state copious amounts of money. However, these denials have begun including residents with walkers, residents currently receiving chemotherapy, and borderline non-verbal residents with incontinence issues. The explanation we have received from NC LIFTSS, is that residents must need complete assistance in 2 of the 5 following categories: Bathing, Dressing, Mobility, Toileting, and Eating. If the resident needs complete assistance in 1 of the 5 categories, and some assistance in the other 4, the resident receives zero hours of Personal Care Assistance. Therefore, if a resident is incontinent and requires their buttocks to be wiped each time they have a bowel movement, and they require partial assistance when bathing, but they can cut their own food and walk from place to place, they are extended zero hours of Personal Care Services via NC LIFTSS assessment criteria. No hours are given for the Personal Care the resident DOES require. Therefore, we are seeing many instances of residents dropping from a formerly assessed 80 hours of Personal Care Assistance, to zero. In one instance, we had someone who came to our facility with 110 hours given at a previous facility, who now has been recently re-assessed for zero hours.

Our question is, where does the group home liability switch over to state/NC LIFTSS liability? Since the state has deemed these individuals to need "no assistance" overall, are we

supposed to still provide this hands-on assistance regardless? Of course we are. If the State Auditor came to our facility and found residents with soiled clothing and underpants who were unwashed, we would be cited with neglect. Instead, due to the new rigidity of NC LIFTSS assessments, we are to still provide the service, but for free. In fact, during our last state audit, we were questioned on whether a shampoo was being administered to a resident who does not receive any PCS hours. If the shampoo was not administered, we would have been cited with a deficiency. How can you cite an agency for failure to provide a service they are not getting paid to provide? Shampooing someone's hair is not Room and Board.

These assessments are also no longer taking mental illness into account when evaluating need. Just because a resident CAN bathe, does not mean they will. Generally with mental illness, the first skill to deteriorate is hygiene. Many of these residents will not bathe when they are experiencing symptoms of their disease. Staff must provide hands-on help or continuous supervision to ensure they are adequately washing and cleaning. Group homes are also responsible for medication passes for all residents. These medications are included on the PCS grids, but are not taken into account during the actual initial assessment. How will NC LIFTSS take mental illness and unwillingness/inability of residents experiencing psychosis/depression/anxiety to perform their own basic hygiene? Residents of group homes live in group homes for a reason – because they are unable to care for themselves on their own, oftentimes both physically and mentally.

As another example of the assessments we have seen, we recently had a resident who has a walker get denied all categories. She has a very short term memory, and has fallen numerous times since being in our care. She falls in the shower and requires a shower chair. She falls getting out of bed in the mornings and during the night when she gets up to use the restroom. She was deemed to need only "supervision." The assessor watched her take a "dry" shower and determined she did not need hands-on assistance to stay safe and wash herself appropriately. She requires a shower chair and holds onto the railing while in the shower. A "dry" shower is nowhere near the same as a "wet" shower in which it is much easier to fall. Is she supposed to wash herself with one arm while bracing herself with the other? This woman has already fallen and hit her head several times. All it takes is one fall for her to seriously injure herself. But NC LIFTSS has deemed her as needing zero hands-on assistance. At what point is our agency not responsible for future injury and NC LIFTSS is? Instead of grabbing her next time she falls, since NC LIFTSS has stated she only needs supervision, are we only supposed to supervise her as she falls? Of course not. The notion is preposterous, as were the assessment results.

We also recently sent in a request for Personal Care Services for a resident who has colon cancer and is actively receiving chemotherapy. Her initial assessment request was denied due to "not being medically stable." Isn't that when someone needs help with ADLs the most? What services are available to her?

We are frustrated with the way the pendulum of funding swings in this state. It seems that either everyone gets funding or no one gets funding. I understand cutting down on fraud and insuring your assessors for this service are adequately identifying need and not overextending services. However, this is too far in the other direction. Judging by the way our past assessments have gone with NC LIFTSS to date, agencies can expect to lose anywhere from 75%-80% of all

current PCS hours, for services that they likely have carefully documented providing for these residents over the past several years. To put this into perspective, a facility that has 40 beds is slated to lose approximately \$57,000/month. That is a large enough number to put most agencies out of business. Group Homes and Assisted Living facilities that rely on solely Room and Board to pay their bills will very quickly have to make some very tough decisions about keeping their doors open. Where are all of these people going to go? Not to other facilities – because they'll have been deemed to need zero Personal Care Hours and other facilities will deny them. The Personal Care criteria remain the same regardless of Level of Care. The main ones losing in this scenario will be the residents who will be misplaced and unserved. This swing in funding and services is going to lead to a deep issue that the State of NC is not ready nor prepared to address.

Our agency does not like to address problems without also offering solutions. For this problem, we see two different possible solutions. 1.) NC LIFTSS and the State of NC need to make their Personal Care Services more attainable. There are many individuals who need partial help in several of the categories who do not qualify for any hours. Hours should be given based on the amount of help needed in each category. A full hands-on complete assistance in 2/5 categories is an unfair requirement. If an individual needs help cutting their food, but not bathing, then give them 5 hours of PCS per month and nothing else. But at least give them that. This all or nothing mentality is a detriment to residents state-wide. 2.) The State of NC needs to drastically increase the Medicaid Room and Board rate for facilities or give separate funding for these additional services. If all of these individuals who need help are now not going to qualify for the PCS that pay for that help, then the Room and Board rate needs to increase or an additional amount of funding should be sent to facilities to compensate for the lack of funding despite the continued expectation of the services to still be rendered; preferably the latter, as these services have nothing to do with Room and Board. Bathing someone and cutting up their food is NOT a Room and Board requirement but it is still expected by licensing entities. There needs to be funding available to provide these services, however that may look. If not rendering these services would result in a neglect charge by the State of North Carolina, then the NC LIFTSS team should make adjustments in their assessments to ensure that needed services can and will be rendered with adequate funding.

If you have any questions or would like to discuss this further, please contact me at [REDACTED]

Thank you,

