

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/20/2024
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NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on June 20, 2024. The complaint was substantiated (NC#00217198). 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>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 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and 	V 110		

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

Carol Sorrells, ASW, OP, Dir of Services

TITLE

Arc of Haywood

(X6) DATE

7/2/2024

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 audited former staff, (FS #2) failed to demonstrate the knowledge, skills, and abilities required for the population served. The findings are:</p> <p>Review on 6/20/24 of Former Staff (FS #2)'s personnel record revealed: -Date of Hire: 2/23/22 -Title: Direct Support Professional -Term date: 5/15/24 -Client specific competency training for Client #1 signed and dated on 11/24/23.</p> <p>Review on 6/19/24 of Client #1's record revealed: Admission Date: 12/15/13 Diagnoses: Unspecified Disruptive Disorder (D/O); Unspecified Disruptive D/O, Impulse Control and Conduct D/O; Generalized Anxiety D/O; Intellectual Disability, Severe; Autism Spectrum D/O; Hyperlipidemia, Hypertension, Edema w/recurrent cellulitis; Hypopotassemia, Acid Reflux; Obesity, Enlarged prostate, and History of Carpal tunnel Left Wrist. -had both knees replaced within the last year. - "Staff also will need to monitor him closely, when out in community to avoid uneven walks,</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>pavement (fall risk)."</p> <p>Review on 6/19/24 of the facility's internal incident report dated 5/11/24 for Client #1 revealed: - [Client #1] became agitated and angry because he did not want to walk at a community event on an incline to where the main event was taking place. One staff stated to him that he needed to walk if he wanted to look at the cars. [Client #1] remained upset, even when returning to the group home. He went to his room and continued to express his anger by making noises ...this is typical behavior when he is upset. One staff remained in the office and yelled at [Client #1] to stop with the noise instead of getting up and going to calmly talk to him to try and diffuse the situation."</p> <p>Review on 6/20/24 of a copy of the facility's North Carolina Incident Response Improvement System (IRIS) report revealed: - "5/11/24, 12:49PM, Emotional Abuse, staff yelled and screamed at client because they were making a loud noise in the group home. The staff yelled from the office area and the client was across the home in his room. Client was angry at staff because they did not let him ride a golf cart at an event after he stated his knee was hurting. Staff told him he had to walk instead. Client missed the car show due to being taken back to the group home and was upset at the time ..."</p> <p>Observation and Interview on 6/19/24 at 2:00PM with Client #1 revealed: -used a walker to ambulate that had three wheels. -wore compression type socks and carried a model car with him. -FS #2 got another job. -had both knees replaced.</p>	V 110	<p>Staff failed to prevent behaviors from occurring which escalated during an outing in the community. Instead of talking with the client to diffuse the situation, staff chose to yell/scream at the client without approaching client one on one in a calming manner. Staff screamed at the client across the group home without getting out of the office. Client was in their bedroom across the other side of the home. Staff has had NCI training, competencies as well as orientation, which both cover prevention of a behavior and how to diffuse the situations. Staff had training up to date as well on incidents to include neglect, emotional abuse, physical, and sexual abuse of special needs clients. The staff in question had an incident recert training on 3.6.24. This is done yearly with all staff.</p> <p>QP instructed the Coordinator of the group home to do a GER when the event was reported. QP interviewed the client on Monday 5.13.24.</p> <p>QP contacted the Department of Social Services in Haywood County to make a report.</p> <p>QP contacted Waynesville Police Department and made a report.</p> <p>DSS did not take the report and the letter was shown to the surveyor on 6.19.24.</p> <p>QP observed video of staff screaming at the client in the group home.</p> <p>QP did an IRIS report. All of this was done on 5.13.24.</p> <p>QP made the Executive Director aware of the incident as well as the HR Director.</p> <p>QP continued to view the video camera on Tuesday 5.14.24.</p> <p>Following an internal investigation, the Executive Director, HR Director and QP met with the staff in question and terminated her employment on 5.15.24.</p> <p>QP stated the entire incident could have been prevented if staff had let client ride on a golf cart since his legs were hurting and had a discussion with client in a calming manner.</p>	
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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> -his legs hurt. -loved cars. <p>Interview on 6/20/24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -was present at the BBQ and car show with Client #1 and FS #2 on 5/11/24. -the event was on a hill and Client #1 was having trouble walking to it. -two individuals stopped by on golf carts and offered Client #1 a ride to the event. -FS #2 said, "No, he (Client #1) has to walk." - "Cars are his (Client #1) world." -Client #1 and the rest of the group (clients) got upset and frustrated. -Client #1 would take two steps forward with his walker and then collapse his head. -took Client #1 back to the van with the rest of the group because he couldn't walk. -Client #1 almost fell on Staff #4 getting back on the van. -FS #2 told Client #1 on the way back to the facility that, "it was his fault (they couldn't attend the event) because you didn't walk." - "It was relentless." -when they got back to the facility, Client #1 went to his bedroom and started having behaviors, making noise. -was leaving the facility to go back out with the other clients when she observed FS #2 scream at Client #1 from the staff office while on her cellphone. -contacted her supervisor, the Group Home Coordinator (GHC) regarding the above. <p>Interview on 6/19/24 with the GHC revealed:</p> <ul style="list-style-type: none"> -was contacted by facility staff regarding FS #2 screaming at Client #1. -contacted FS #2 to inquire about what was going on. -FS #2 denied yelling and screaming at Client #1. 	V 110	<p>V110 continued: The Arc of Haywood updated policies concerning abuse and neglect of special needs clients. These policies and form was sent to the surveyor on 7.1.24. QP does incident training once per year with all staff as a renewal. A copy of the power point used by the QP is included.</p>	

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V 110	<p>Continued From page 4</p> <p>-contacted the Qualified Professional (QP) regarding this incident.</p> <p>Interview on 6/20/24 with the QP revealed:</p> <ul style="list-style-type: none"> -was able to view camera footage from the facility and confirmed FS #2 was screaming at Client #1 from the staff office. -Client #1 was in his bedroom, making noise during this time. -FS #2 did not leave the staff office to address the issue with Client #1 and instead screamed across the house, to "stop this right now." -observed FS #2 with balled up fists in the staff office yelling. -spoke with Client #1 about what happened and he became emotional. -FS #2 was terminated on 5/15/24. 	V 110		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The</p>	V 118	<p>V118:</p> <p>The group home had the wrong over the counter vitamins D3 2000IU soft gels instead of the D3 1000IU soft gel as prescribed by the physician. Vitamin D3 2000IU soft gel was discarded on 6.19.24 and replaced with the vitamin D3 1000IU soft gel correctly, while the surveyor was present. The Coordinator, supervisors and QP will monitor this to ensure the right dosage is administered from now on as prescribed.</p>	

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V 118	<p>Continued From page 5</p> <p>MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to administer medications as ordered by a physician affecting 1 of 3 audited clients (Client #2). The findings are:</p> <p>Review on 6/19/24 of Client #2's record revealed: -Admission Date: 10/1/2010. -Diagnoses: IDD, Moderate; Anxiety D/O; Depression; Dyslipidemia; Dementia, Alzheimer Type; B-12 deficiency; and Menopause. -Physician orders dated 6/28/23 revealed: Vitamin B-12 (supplement) 1000 micrograms (mcg), 1 tab by mouth (PO) every day (QD), may self-administer. Vitamin D3 (supplement) 1000IU tab, 1 tab PO, QD, may self-administer.</p> <p>Observation on 6/19/24 at 3:00 PM of Client #2's medications revealed: -Vitamin B-12, 2500 mcg. -Vitamin D3, 2000 IU soft gels.</p>	V 118		

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V 118	Continued From page 6 Review on 6/19/24 of Client #2's MARs dated 4/1/24 to 6/19/24 revealed: -self-administered Vitamin B-12 and D3 daily. Observation and Interview on 6/19/24 at 3:10PM with Client #2 revealed: -daily med planner with vitamins present for each day of the week. -takes her vitamins every day and keeps them in her room. Interview on 6/19/24 with the Group Home Coordinator (GHC) revealed: -herself and supervisor were responsible for reviewing medications. -was an oversight and would fix immediately.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any	V 119		

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V 119	<p>Continued From page 7</p> <p>subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to dispose of medication that was no longer being used by the client and a medication was expired affecting 1 of 3 audited clients, (Client #2). The findings are:</p> <p>Review on 6/19/24 of Client #2's record revealed: -Admission Date: 10/1/2010. -Diagnoses: IDD, Moderate; Anxiety D/O; Depression; Dyslipidemia; Dementia, Alzheimer Type; B-12 deficiency; and Menopause. -Physician orders dated 6/28/23 revealed: Vitamin D3 (supplement) 1000IU tab, 1 tab by mouth (PO), every day, may self-administer.</p> <p>Observation on 6/19/24 at 3:00pm of Client #2's medications revealed: -2 tubes of Triamcinolone Cream (ointment) 0.1%, apply a thin layer to the rash up to 5 days, dispensed 8/8/23. -Spring Valley Vitamin D3 2000 IU soft gels, expired 10/2023.</p> <p>Review on 6/19/24 of Client #2's MARs dated 4/1/24 to 6/19/24 revealed:</p>	V 119	<p>V119: The 2 tubes of Triamcinolone Cream (ointment) 0.1% was prescribed by the clients physician and was filled on 8.8.2023 to last 1 year. This was never place on the MAR by the pharmacy. On 7.1.2024, The group Home coordinator contacted the pharmacy and received the copy of the doctor order for the cream. The cream is now on the MAR. The Triamcinolone cream and the Vitamin D3 2000IU have both been discarded as of 7.1.2024 Client no longer uses the cream. The Coordinator, Supervisors, and QP will continue to monitor more closely and check all the meds weekly for out of date medications over the counter meds.</p>	

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V 119	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Triamcinolone Cream 0.1% was not present on the MARs. -Vitamin D3 was self-administered. <p>Interview on 6/19/24 with the Group Home Coordinator (GHC) revealed:</p> <ul style="list-style-type: none"> -she and her supervisor were responsible for medication oversight. -Client #2 does not use the Triamcinolone Cream anymore. -would dispose of the cream and vitamins per the facility's policy. 	V 119		