

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2024
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NAME OF PROVIDER OR SUPPLIER ABOVE & BEYOND CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 900 HEMLOCK DRIVE FAYETTEVILLE, NC 28304
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on June 28, 2024. The complaint was substantiated (intake #NC00217450). 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>This facility is licensed for 4 and has a current census of 4. 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 reviews and interviews the facility failed to develop and implement goals and strategies to address needs of 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 6/27/24 of client #3's record revealed: - 40 year old male. - Admission date of 10/4/23. - Diagnoses of Moderate Intellectual Developmental Disability, Obsessive Compulsive Disorder, Autism and Non-Verbal. - Contract Amendment dated 6/20/24 between [Managed Care Organization and [Facility]...In order to be eligible to bill this rate provider agrees to continue to provide 1:1 staffing for [client #3]...conditions of this amendment may be monitored and provider is expected to maintain evidence of daily notes..." - No goals or strategies to support client #3's need for 1:1 staffing.</p> <p>Review on 6/27/24 of client #3's Individual Support Plan dated 12/1/23 revealed: - "Supports I need:...[Client #3] requires the support of Enhanced Residential Supports... [client #3] requires prompting to prevent from anal digging and to wash his hands...[client #3] should be kept busy as much as possible</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>because this helps prevent behaviors. - My behavioral Health Needs:...[Client #3] requires support to prevent self-injurious behavior. He needs support to prevent digging...should be monitored to prevent attempts...requires support to ensure he is washing his hands thoroughly...[Client #3] requires support to prevent physical aggression. he has assaulted staff and house mates."</p> <p>Review on 6/27/24 of facility documentation revealed: - Schedules for May 2024 - July 2024 with 1:1 scheduled staffing for client #3.</p> <p>Interview on 6/27/24 was unsuccessful due to being on therapeutic leave.</p> <p>Interview on 6/28/24 staff #1 stated: - She had worked for 9 years. - Client #3 always had a 1:1 staff working with him.</p> <p>During interview on 10/13/21 the Licensee/QP revealed: - Client #3 was currently on therapeutic leave but when he was at the facility he had 1:1 staffing. - Client #3 had a schedule with a designated staff to work 1:1 with him. - The managed care organization had approved additional funding for client #3 to have 1:1 staffing. - She would contact the care manager regarding goals and strategies for client #3.</p>	V 112		
V 503	27D .0103 Client Rights - Search And Seizure Policy	V 503		

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V 503	<p>Continued From page 3</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; <p>and</p> <ol style="list-style-type: none"> (5) an account of the disposition of seized property. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure every search and seizure was documented as required. The findings are:</p> <p>Finding #1 Review on 6/27/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 46 year old male. - Admitted on 11/15/23. - Diagnoses of Moderate Intellectual Disability, Anti-Social Personality Disorder, Intermittent Explosive Disorder, Impulse Disorder, Irritability-Anger-Adjustment Disorder, Gastroesophageal Reflux Disease. - "Behavior Support Plan dated 10/24/23..."Target Behavior with Interventions...P. Every time [Client #2] 1). enters his home or 2). leaves the day program, a search and seizure procedure should be followed:...c...Make the search just a part of 	V 503		
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V 503	<p>Continued From page 4</p> <p>his daily routine...j. Staff should document the search and seizure..."</p> <ul style="list-style-type: none"> - No documentation of daily search and seizures. <p>Interview on 16/28/24 client #2 stated:</p> <ul style="list-style-type: none"> - He was searched daily after returning from day program or outing. - He had a previous history of being searched because he took things. - Staff only pat him down and he emptied his pockets. <p>Interview on 6/28/24 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #2 was searched daily in his room to ensure he had not taken anything that could be used as a weapon or that belong to someone else. - She had not documented any searches she completed. <p>Interview on 6/27/24 and 6/28/24 the Licensee/Paraprofessional stated:</p> <ul style="list-style-type: none"> - Client #2 was searched because he would take things from the day program, grocery store and other clients. He had taken scissors before. - It was in compliance with his behavior support plan and his individual support plan. - Client #2's searches were not being documented daily with the last being in November 2023. - She understood the facility was required to document search and seizures as a level one incident. - She would ensure staff documented client #2 being searched as required. <p>Interview on 6/27/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He had worked since June 2023. 	V 503		

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V 503	Continued From page 5 - He monitored staff and clients interactions. - He had not known staff had not documented client #2's searches. An upcoming training had been scheduled to update staff on the documentation requirements.	V 503		