ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING:			-C
	MHL032-261	8. WING		05/2	28/2024
			TATE, ZIP CODE		
ENUE GROUP HOM					
			PROVIDER'S PLAN OF CORRE	CTION	(X5) COMPLETE
	V MILST RE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)		
INITIAL COMMEN	ITS	V 000			l l
on May 28, 2024. substantiated (inta	The complaint was ake #NC00217082).				
category: 10A NC Living for Adults w	AC 27G .5600C Supervised /ith Developmental Disability.				
census of 6. The	survey sample consisted of				
27G .0209 (C) M	edication Requirements	V 118			
(c) Medication ad (1) Prescription of only be administed order of a person	3 ministration: r non-prescription drugs shall rred to a client on the written				
 (2) Medications s clients only when client's physician (3) Medications, administered onl unlicensed person 	authorized in writing by the including injections, shall be y by licensed persons, or by ons trained by a registered nurs	.e.			
pharmacist or ot privileged to prey (4) A Medication all drugs adminis current, Medicat recorded immed MAR is to includ (A) client's name	her legally qualified person and bare and administer medication Administration Record (MAR) (stered to each client must be ke ions administered shall be lately after administration. The e the following:	ls. of ∋pt	Please see attached.	/	
(B) name, streng (C) instructions (D) date and tim	oth, and quantity of the drug; for administering the drug; e the drug is administered; and			New York Contraction of the Contract	
RY DIRECTOR'S OF PRI	~~//INER/S!IPPIIEK/R#PRE3//////////	SIGNATURE	1/20/24	if conti	(X6) DATE inuation sheet
	ENUE GROUP HOM SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMEN A complaint and fo on May 28, 2024. Substantiated (inta Deficiencies were This facility is licer category: 10A NC Living for Adults w This facility is licer census of 6. The audits of 3 curren 27G .0209 (C) Me 10A NCAC 27G . REQUIREMENTS (c) Medication ad (1) Prescription o only be administed order of a person drugs. (2) Medications s clients only when client's physician (3) Medications, administered onl unlicensed person drugs. (2) Medications of Dy and administed MAR is to includ (A) client's name (C) instructions to (D) date and tim Health Service Regulat	MHL032-281 STREET AI 4425 RE ENUE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey was completed on May 28, 2024. The complaint was substantiated (intake #NC00217082). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medications shall be self-administered by clients only when authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writting by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurs pharmacist or other legally qualified person and privileged to prepare and administer medicatior (4) A Medication Administration Recor	MHL032-281 B. WING STREET ADDRESS, CITY, ST ENUE GROUP HOME SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCES D COULTORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) A complaint and follow up survey was completed on May 28, 2024, The complaint was substantiated (intake #NC00217082). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients. 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medication Requirements V 118	MHL032-291 B. WING IOVIDER OR SUPPLIER STREET ADDRESS, CTV, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES 425 REGIS AVENUE DURHAM, NC 27705 DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES D REGULATORY OR ISC IDENTIFYING INFORMATION D REGULATORY OR ISC IDENTIFYING INFORMATION TAG PROVIDER'S PLAN OF CORRECTION AND TO DEFICIENCY WAS THE PROCEEDE BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION D A complaint and follow up survey was completed on May 28, 2024. The complaint was substantiated (Intake #NC00217082). V 000 Deficiencies were cited. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients. V 118 27G. 0209 (C) Medication Requirements V 118 V 118 10A NCAC 27G. 0208 MEDICATION REQUIREMENTS V 118 (2) Medication administration: (1) Prescription or non-prescription drugs shall order of a person authorized by law to prescribe drugs. W 118 (2) Medications, shall be self-administered by clients only when authorized in writing by the client's physician. Medications. MHL & C 6/27 (3) Medication Administration Record (MAR) of all drugs administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name. (B) nam	MHL032-281 a. WING R DOVIDER OR SUPPLIER STREET ADDRESS, CITY STATE, ZIP CODE Add REGIS AVENUE DURHAM, NC 27705 SUMARY STATEMENT OF DEPOPENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PLL) RECOLLATORY OR LSC IDENTIFYING INFORMATION RECOLLATORY OR LSC IDENTIFYING INFORMATION RECOLLATION RECOLLATION RECOLLATION RECOLLATION REQUIREMENTS (2) Medication administration: (1) Prescription or non-prescription drugs shall ordy be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the clients physician. (3) Medication, Administer medications. (4) A Medication Administer de person and privileged to prepare and administered by altify a bioclation Administered IDENTIFY (2) Instruction for administered the drug; (2) Instruction for administered the drug; (2) Instructions for administered; and DENCEMPRECENTS

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	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	CON	E SURVEY PLETED
	······································	MHL032-261	B. WING			}-C 28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE		
REGIS A		16	GIS AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMFLET DATE
V 118	Continued From pa	age 1	V 118			
	drug. (5) Client requests checks shall be red	of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	facility failed to kee	et as evidenced by: eviews and interview, the p the MARs current affecting d clients (#2 and #3). The				
	-Admission date of -Diagnoses of Mild Hypertension, Cong Obesity, Osteopeni Chronic Kidney Dis	of client #2's record revealed; 12/31/75 Intellectual Disability, genital Hypothyroidism, a, Dysthymic Disorder, ease, Edema, Overactive , Neuropathy in foot and Gout				
	Review on 5/21/24 dated 9/14/23 revea -Omeprazole 20 mi capsule daily -Aspirin 81 mg (Ant daily -Enalapril 10 mg (H	of client #2's physician's order aled: lligrams (mg) (Heartburn), one i-inflammatory), one tablet ypertension), one tablet daily				
	-Check Blood Press Review on 5/21/24 revealed:	sure daily of MARs for client #2				
	April 2024:					

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If continuation sheet 2 of 14

TATEMEN	of <u>Health Service Ri</u> FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	R-	LETED C
		MHL032-261	8. WING		05/2	8/2024
	ROVIDER OR SUPPLIER	4425 RE	DDRESS, CITY, ST GIS AVENUE	ATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	M, NC 27705	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ບເມພະ	(XS) COMPLET DATE
V 118			V 118			
	the following: -Omeprazole 20 r	administered or checked for ng on 4/25 4/17 shecks on 4/22, 4/18 and 4/17				
	March 2024:	administered or checked for				
	the following: -Omeprazole 20 (-Aspirin 81 mg or -Enalapril 10 mg	mg on 3/7 1 3/6 and 3/7				
	-Admission date -Diagnoses of M Diabetes, High B Migraines, Chron	ild Intellectual Disability, Type I Ilood Pressure, Chronic nic Kidney Disease, Insomnia, de Heart Failure, Depression a				
	dated 8/9/23 rev -Torsemide 20 n -Paroxetine 20 n	ng (Diuretic), one tablet daily ng (Depression), one tablet da n (Moisturizer), apply to feet,				
	Review on 5/21/ revealed:	24 of MARs for client #3	annan a suara a			
	April 2024:					ļ
	No staff initials a -Paroxetine 20 -Renewal Crear	as administered for the followir mg on 4/14 thru 4/17 n on 4/17	19:		·	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION	(X3) DATE SURVE COMPLETED R-C	
		MHL032-261	B. WING	na mana ang sa kanang sa kanang Manang sa kanang sa ka		28/2024
	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	ATE, ZIP CODE		
REGIS A	VENUE GROUP HOM	¥	NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
V 118	Continued From pa	ge 3	V 118			
	March 2024:					
	No staff initials as a -Torsemide 20 mg	idministered for the following: on 3/13				4000 1 m - 1000 1 m - 11 m
	revealed;	4 with the Division Director isit her family in March 2024,				
	-Staff forgot to indic March 2024 MAR.	ate the home visits on her client #3's medication.				n n a managanana a ser a
	MAR.	got to sign off on client #3's ues with clients #2 and #3				and advanced to do a
	getting their prescri	bed medications. MARs were not kept current				
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.				for a memory function of the state of the st
V 512	27D .0304 Client R	ights - Harm, Abuse, Neglect	V 512			
	10A NCAC 27D .03 HARM, ABUSE, NE	04 PROTECTION FROM EGLECT OR EXPLOITATION				
		Il protect clients from harm, exploitation in accordance				
	sort of abuse or neg 27C .0102 of this C					
	purchased from a c established governi					۲. ۲
	necessary to repel	II use only that degree of force or secure a violent and				* *
		nd which is permitted by icy. The degree of force that				

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If continuation sheet 4 of 14

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TATEMEN	of Health Service R T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		COM	SURVEY
		MHL032-261	B. WING			28/2024
AME OF P		STREETAL	DDRESS, CITY, S	TATE, ZIP CODE		
EGIS A	ENUE GROUP HO		GIS AVENUE			
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 512	Continued From p	age 4	V 512		,,,,,,,,,,,,,,,,,,,,,, ,,,,,,,,,,,,,,	
	and physical and r of aggressiveness intervention proce Subchapter 10A N (e) Any violation	the client (such as age, size mental health) and the degree s displayed by the client. Use of dures shall be compliance with ICAC 27E of this Chapter. by an employee of Paragraphs this Rule shall be grounds for mployee.	F			
	Based on record to three audited staff one of three audit audited staff (The to protect one of to	net as evidenced by: reviews and interviews, one of f (#1) abused and neglected ed clients (#1) and one of three Group Home Manager) failed hree audited clients (#1) from it. The findings are:				
	Review on 5/21/2 revealed:	4 of personnel records for staff				
	Group Home Mar -Date of hire was					
	Staff #1: -Date of hire was -Hired as a Skills					
	-Admission date of -Diagnoses of Mil Depressive Disor Dementia, Down' Disease, B12 Det	4 of client #1's record revealed of 12/2/85. Id Intellectual Disability, Major der, Cognitive Impairment, s Syndrome, Gastroesophagea ficiency, Anxiety Disorder, and Hearing Loss.				
	Review on 5/21/2 client #1 revealed lealth Service Regulation		or		Non-Children State of the State	

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		R-C	
	K DORANDALINA I KAY	MHL032-261	B, WING		05/28/2024	
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EGIS A	ENUE GROUP HO		GIS AVENUE M, NC 27705			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE DATE	
V 512	Continued From p	age 5	V 512		· · · · · · · · · · · · · · · · · · ·	
	-5/13/24-Report w	ritten by the Group Home				
		1] came to get [client #1] up and	a l			
		She was able to get her into	1			
		undressed. That's when we	l l			
		a bowl movement on herself				
		wer. [Client #1] had feces on				
		down and started grabbing it rea and smearing it. It was all			×	
		ids, and in her hair as well.				
		le from the room to come and			;	
		shower. [Client #1] began to			*	
		aggressive and kept trying to				
		room. We got her back in the				
		the shower, but as soon as the	e			
Ì	water was turned	on she began to scream,				
		y clothes, and got feces all ove	r i i		*	
i		ituation was very stressful so				
		water and let her out of the	, i		ļ	
		ried again to go into the kitchen	,		х 1	
		ped her. I stepped away to			l	
		s and called via phone, [the			l	
		to come and assist[Staff #1] air and sat in front of the door to	<u>_</u>			
		from coming out, This was a				
		measure to keep her from				
		condition she was in."			:	
	-5/13/24-Report w	ritten by Staff #1-"I came in this	5			
, 		lient #1] up. When I got her into			(
		got her undressed, I saw that				
		in poop. I knew she needed a			İ	
		past experiences I knew she				
		t me do it so I called [the Group				
		or assistance. When we got he				
		he became combative and was			+	
		nt #1] got poop on [the Group			ļ	
	It was a stressful:	and was not being cooperative.				

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If continuation sheet 6 of 14

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DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C	
	MHL032-261				05/28/2024
	STREETAL	DRESS, CITY, ST	ATE, ZIP CODE		
	•				
IUE GROUP HOM	NE DURHAN	I, NC 27705			
/EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE
ontinued From p	age 6	V 512			
r the safety of us ven she was nat ad to toe and be bathroom. We be sure she was s lient #1 could no as in the hospita terview on 5/22/ She saw some o 1 and the Group Client #1 was wa creaming and ho Staff #1 told her born area. Staff #1 took the athroom door. The bathroom do Staff #1 sat in th	s and [Client #1's] housemates, ked and covered in feces from eing aggressive trying to leave a made sure to check on her to safe also." by the interviewed because she al. 724 with client #4 revealed: f the incident with client #1, staf Home Manager. Iking around the facility billering. to get a chair from the dining chair and put it in front of the bor was closed.	f			
There was an inc veek ago (5/13/2 She went into cli She could smell nto her bedroom She took client # poop" all over he She took off clie She called the G bathroom becaus They got client # They turned on the combative.	cident with client #1 about a (4). ent #1's bedroom to get her up. "poop" as soon as she walked " #1 into the bathroom and saw er body. nt #1's clothes. Group Home Manager into the se she needed help. #1 into the shower. the water and client #1 became creaming and hitting them.				
	VIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Dontinued From p continued From p continued From p cone for help. W r the safety of us ven she was nailed to toe and b e bathroom. We be safe was some as in the hospital terview on 5/22/ She saw some of 1 and the Group Client #1 was was creaming and he Staff #1 took the athroom door. The bathroom door. T	MHL032-261 VIDER OR SUPPLIER STREET AL AUE GROUP HOME 4425 REG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Image: Comparison of the door of the safety of us and [Client #1's] housemates, wen she was naked and covered in feces from ead to toe and being aggressive trying to leave e bathroom. We made sure to check on her to a sure she was safe also." Itent #1 could not be interviewed because she as in the hospital. Image: Comparison of the door if the safety of the incident with client #1, staft 1 and the Group Home Manager. Client #1 was walking around the facility creaming and hollering. Staff #1 took the chair and put it in front of the athroom door. Staff #1 took the chair and put it in front of the athroom door. Staff #1 revealed: There was an incident with client #1 shout a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a terview on 5/22/24 with staff #1 revealed: There was an incident #1's bedroom to get her up. She took client #1 into the bathroom and saw poop" all over h	MHL032-261 B. WING WIDER OR SUPPLIER STREET ADDRESS, CITY, ST 4425 REGIS AVENUE DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG The safety of us and [Client #1's] housemates, ven she was naked and covered in feces from ead to toe and being aggressive trying to leave e bathroom. We made sure to check on her to a sure she was safe also." V 512 Itent #1 could not be interviewed because she as in the hospital. V the safety of us and interviewed because she as in the hospital. Attrave on 5/22/24 with client #4 revealed: She saw some of the incident with client #1, staff 1 and the Group Home Manager. Dient #1 was walking around the facility creaming and hollering. Staff #1 took the chair and put it in front of the athroom door. The bathroom door was closed. Staff #1 sat in the chair while it was in front of the cor. Attrave on 5/22/24 with staff #1 revealed: There was an incident with client #1 about a reek ago (5/13/24). She was in incident #1's bedroom to get her up. She could smell "poop" as soon as she walked not her bedroom. She took off client #1's clothes. She took off client #1's clothes. She called the Group Home Manager into the athroom because she needed help. They got client #1 into the shower. They turned on the water and client #1 became ombative.	MHL032-261 B. WING WDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MUE GROUP HOME 4425 REGIS AVENUE DURHAM, NC 27705 DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT OROSS-REFERENCED TO DURHAM, NC 27705 Interview of US DIENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACT OROSS-REFERENCED TO DEFICIENCY AGG V 512 Interview of the ID WE put a chair in front of the door r the safety of us and [Client #1's] housemates, wen she was naked and covered in feces from and to te and being aggressive trying to leave e bathroom. We made sure to check on her to e sure she was safe also." ID Her #1 Hient #1 could not be interviewed because she as in the hospital. ID Her #1 was walking around the facility treaming and hollering. Staff #1 took the chair and put it in front of the athroom door. ID Her #1 mad walking around the facility treaming and hollering. Staff #1 sat in the chair while it was in front of the athroom door. ID Her was an incident with client #1 about a leek agg (S1/3/24). She could smell "poop" as soon as she walked to her bedroom. She took off client #1's clothes. She took off client #1's clothes. She took off client #1's clothes. She took off client #1's clothes. She could smell "poop" as soon as she walked to her bedroom. She took off client #1's clothes.	MHL032-261 B. WING DB WIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NUE GROUP HOME 4425 REGIS AVENUE DURHAM, NC 27705 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES D PREDUCTORY OR LSC IDENTIFYING INFORMATION) D PREDUCTORY OR LSC IDENTIFYING INFORMATION) D Ontinued From page 6 V 512 Ontinued From page 6 V 512 Ontinued From page 6 V 512 Iten #1 could not be interviewed because she as in the hospital. D Iten #1 could not be interviewed because she as in the hospital. Each CORRECTIVE STREAM Control Network of the door of the door of the got the incident with client #1, staff 1 and the Group Home Manager. Diff #1 took the chair and put it in front of the diming interviewed because she as in the hospital. Each CORRECTIVE STREAM Control Network interviewed because she as in the hospital. Staff #1 took the chair and put it in front of the diming interview on 5/22/24 with staff #1 revealed: Each Corrective interviewed interviewed interview on 5/22/24 with staff #1 revealed: The bathroom door was closed. Staff #1 sat in the chair while it was in front of the door. Staff #1 sat in the chair while it was in front of the door. Each Corrective interview on 5/22/24 with staff #1 revealed: The bathroom door was closed. Staff #1 sat in the chair while it was in front of the door. She couc

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	of Health Service R IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY
		the back of a life other standard in a constant standard of	A. BUILDING: _			-C
	111 (H)	MHL032-261	B. WING			28/2024
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
SEGIS A		F	SIS AVENUE			
		DURHAN	I, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 512	Continued From pa	age 7	V 512			
	told she could not l -She asked client # -She set the chair i safety of client #1 a -Client #1 was tryin and go into the kito were eating. -Client #1 was also -The door to the ba was standing outsi -Client #1 remaine -She could see clie door in the bathroot -Client #1 had "poot didn't want her to h with "poop" on her -The chair was in f "about" 10 minutes -The chair was new doorknob to the ba -She may have clo minute or two white	ent #1 through the crack of the im. op" all over her hands and she hit or touch the other clients hands. front of bathroom door for h. ver placed underneath the				
	the door while clier "majority" of the tin -The Care Coordin Management Entit (LME/MCO) was a well. Interview on 5/22/2 Manager revealed:	ator with the Local y/Managed Care Organization t the facility that morning as 24 with the Group Home				
:	(5/13/24).	#1 out of bed and took her to				

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of Health Service Re OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMP	SURVEY
	MHI.032-261	B. WING		R-C 05/28/2024	
		RESS CITY. ST	TATE, ZIP CODE		
	4425 REG	IS AVENUE			
			PROV/DER'S PLAN OF C	ORRECTION	(X5)
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-She also needed -She went back to cracked slightly w -The chair was no doorknob. -She told staff #1 way. -Client #1 was st	I to change her clothes. o bathroom and the door was vith a chair in front of the door. ot underneath the bathroom the Division Director was on he ill in the bathroom.	r			
looking at client a -Staff #1 said "I'r I'm going to leave Director] comes. -Staff #1 had to I she also stood in	#1 through the crack of the door n not fighting with her anymore, e the chair here until [the Divisio " help one of the other clients and n front of the door and monitored	n			
	Client #1 'took of barbor of supplier renue and the summary str (EACH DEFICIENC REGULATORY OR I Continued From p the bathroom. -Staff #1 discovere -Staff #1 dock clier called for assistan -Client #1 was "co they tried to get he -They got client #1 shower. -Client #1 then sta kicking. -"[Client #1] grabb me." -Client #1 kept fig off and let her out -Client #1 "took of bathroom. -Staff #1 "blocked from leaving the t -Client #1 "got ma and tried to fight I -She told staff #1 Director because control." -She stepped out -She also needed -She went back t cracked slightly v -The chair was n doorknob. -She told staff #1 way. -Client #1 was sta looking at client # -Staff #1 was sta looking at client #	IDENTIFICATION NUMBER: MHL032-261 MHL032-261 STREET ADD A425 REG DURHAM, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 the bathroom. -Staff #1 discovered client #1 had faces on her. -Staff #1 took client #1 into the bathroom and called for assistance. -Client #1 was "combative and aggressive" while they tried to get her undressed and got her in the shower. -Client #1 then started yelling, screaming and kicking. -"[Client #1] grabbed me and got faces all over me." -Client #1 kept fighting and they turned the water off and let her out of the shower. -Client #1 "blocked" the doorway to keep client #1 from leaving the bathroom. -Client #1 "got mad, started kicking, screaming, and tried to fight her way out of the bathroom." -She told staff #1 she needed to call the Division Director because "the situation had gotten out of control." -She told staff #1 the Division Director was on he way. -Client #1 was still in the bathroom. -The chair was not underneath the bathroom looking at client #1 through the crack of the door -She told staff #1 the Division Director was on he way. -Client #1 was standing outside of the bathroom looking at client #1 through the crack of the door -She told staff #1 the Division Director was on he way. -Client #1 was standing outside of the bathroom looking at client #1 through the crack of the door -Staff #1 baid "I'm not fighting with her anymore, I'm going to leave the chair here until [the Division Director] comes." -Staff #1 baid to help one of the other clients and she also stood in front of the door and monitored	Depictences Ministration A BUILDING:	IDENTIFICATION NUMBER: A. BUILDING: MHL032-261 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFIDENCES DURNAM, NC 27705 SUMMARY STATEMENT OF DEFIDENCES ID RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Continued From page 8 V 512 Client #1 then stated yelling, screaming and kicking.	OP ORREGION W1 DENTFICATION NUMBER: A BUILDING: Continued MHL032-261 B WING Continued R ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE VENUE GROUP HOME DURHAM, NC 27705 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (#ACH DEFICIENCY MUST BE PRECEDED BY FLUL REGULATORY OF LSC IDENTIFICIENCIES ID (#ACH DEFICIENCY MUST BE PRECEDED BY FLUL REGULATORY OF LSC IDENTIFICIENCIES PREFX Continued From page 8 V 512 V 512 the bathroom. -Staff #1 discovered client #1 had faces on her. -Staff #1 discovered client #1 not the bathroom and called for assistance. -Client #1 was "combative and aggressive" while they tried to get her undressed. - They got client #1 undressed and got her in the shower. -Client #1 then started yelling, screaming and kicking.

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	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY PLETED
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		U UNA	FLEIEU
		MHL032-261	B. WING			R-C 28/2024
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EGIS A	VENUE GROUP HOM		I, NC 27705			
(X4) ID		ATEMENT OF DEFICIENCIES	i ID į	PROVIDER'S PLAN OF		(X5)
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V 512	Continued From pa	age 9	V 512			
	Che dida't as book	into the bathroom either	1			
		assisting the other clients as				
	well with medicatio					
	••••	chair was in front of door for				
	"about" 15 minutes					İ
		e chair from in front of door				Ì
	prior to the Division					í
	PILOT OF THE CLAREN					1
	Interview on 5/22/2	4 with the Care Coordinator				
	with the LME/MCO		4			
		cility on 5/13/24 when she	1			
	witnessed an incid		-			
	-She was the Care	Coordinator for two of the				
	other clients residir	ng in that facility.				
		the table in the kitchen area				1
		pring visit with client #6.				
		Manager and staff #1 were				
	also at the facility.					1
	-They were all in th					1
	,	ushed up against the bathroon	ן ו			
	door.	4 1 4 41 48 at at a set				
		shed underneath the doorknob.				j
		staff were cleaning the facility."				Ì
		ing in the kitchen area for				
	Manager and staff	or longer with the Group Home	i			
		e staff go to the bathroom,				
	1	d open the door and started	i			i
	talking to someone					
		 aff say client #1's name.				ĺ
		aff if she was talking to client #1				
	and staff replied "y					1
		client #1 was in that bathroom				1
		s pushed up against the knob.				!
	-She told staff they					į
	-She told staff they	were not allowed to "confine"				
	a client in the bath					ļ
	-She never saw sta	aff go to the bathroom prior to				
	that to check on cl	ient #1.				
	-Staff said client #	1 had behaviors and was being	t I			

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If continuation sheet 10 of 14

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T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1		(X3) DATE SURVEY COMPLETED	
JF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		R-C	
	MHL032-261	B. WING		05/28/2024	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
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Continued From pa	age 10	V 512			
	- •••				
Compative,	a Division Director about the				
	e Divigion Discotor about the				
	ion Director what she				
				l.	
-She (the Care Co	ordinator) used to work for that			i	
agency and was th	e Former Division Director for				
that facility.					
	s well at that facility."				
	24 with the Division Director				
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		+			
		e			
-Both staff assiste	d client #1 when the incident				
occurred.					
		1 [;			
-Staff also said clie	ent #1 had some "combative"				
behaviors during t	hat incident.				
	ie chair in front of the Dauli Joh	'			
	chair was not underneath the				
	Alleri was un numerican die				
	put the chair near the bathroor	n			
door and left the d	loor cracked.				
-Staff #1 said the	chair was there to keep client				
#1 safe.					
-She was told the	Group Home Manager had to				
	an up because she had feces				
	other clients were in the kitche	n			
	r OF DEFICIENCIES DF CORRECTION ROVIDER OR SUPPLIER ENUE GROUP HON SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From partice "combative." -She talked with the incident. -She told the Divis witnessed while sh -She told the Divis witnessed while sh -She told the Divis witnessed while sh -She (the Care Co agency and was the that facility. -"I know the clients Interview on 5/21// revealed: -On 5/13/24 the Care LME/MCO reported bathroom with a clients -The Care Coordin the facility earlier the -She was not work -The Group Home two staff working of -Both staff assisted occurred. -She was told by shead to toe in "poor -Staff also said clie behaviors during the -She was told by shead to toe in "poor -Staff also said clie behaviors during the -She was told the door and left the of -Staff #1 said she door and left the of -Staff #1 said the #1 safe. -She was told the step away and cle on her. -She was told the area eating breakt	DEF CORRECTION IDENTIFICATION NUMBER: MHL032-261 MHL032-261 ROVIDER OR SUPPLIER STREET AL A425 RE DURHAM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 "combative." -She talked with the Division Director about the incident. -She talked with the Division Director about the incident. -She talked with the Division Director about the incident. -She talked with the Division Director about the incident. -She talked with the Division Director about the incident. -She talked with the Division Director about the incident. -She talked with the Division Director agency and was the Former Division Director for that facility. -She talked with the Division Director for that facility. -She talked with the Care Coordinator with the LME/MCO reported staff confined client #1 in the bathroom with a chair in front of the door. -The Care Coordinator with the LME/MCO was a the facility earlier that morning visiting a client. -The Care Coordinator with the LME/MCO was a the facility earlier that morning visiting a client. -She was not working during	COP DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLA (Z2) MULTPLE DE CORRECTION MHL032-261 B. WING MHL032-261 B. WING	COP DEPICIENCIES (X1) PROVIDERSUPPLICE/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE REVUE GROUP HOME 4425 REGIS AVENUE DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING MFORMATION) IN Continued From page 10 V 512 "combative." -She talked with the Division Director about the incident. Director for that agency and was the Former Division Director for that facility. -She talked with the Division Director what she witnessed while she was at the facility." V 512 -On 5/13/24 the Care Coordinator) used to work for that agency and was the Former Division Director revealed: -On 5/13/24 the Care Coordinator with the LME/MCO reported staff confined client #1 in the bathroom with a chair in fort of the door. -The Care Coordinator with the LLME/MCO was at the facility earlier that morning visiting a client. -She was told by staff client #1 was covered from head to toe in "poop." -She was told by staff client #1 had some "combative" behaviors during that incident. -She was told the chair may and underneath the door nancile. -She was told the chair was net underneath the door and left the door cracked. -Staff #1 said she put the chair near the bathroom door and left the door cracked. -Staff #1 said the chair was there to keep client #1 safe. -She was told the chair was ther	

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If continuation sheet 11 of 14

STATEMEN	of Health Service R T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
KNU MLAN	OF CORRECTION		A. BUILDING:			-C
		MHL032-261	B. WING		1	28/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
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		UUKHAI	A, NC 27705		·	
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V 512	Continued From p	age 11	V 512		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	out of the bathroor	n and spread feces.				;
	Interview on FID11	24 with the Assistant Director				
	revealed:					
		f the incident on 5/13/24 with				
		and the Group Home Manager. actor with the LME/MCO for	l			ļ
	other consumers v					1
		ator with the LME/MCO called				
		Social Services because she	t 1			-
	had some concerr					
		taff locked client #1 in the				ļ
	bathroom. -She was told staf	f #1 put a chair in front of the				
	bathroom door.		1			
		I staff #1 never put the chair	1			
	underneath the kn	ob to the bathroom door.	i			t.
		24 with the Executive Director				
	revealed:	f the incident on 5/13/24 with				
		and the Group Home Manager				
	-The Assistant Dir	ector talked with her about the				
	incident.					1
		with staff about that incident				
	occurred.	on vacation when that incident	1			
	-The Assistant Dir	ector addressed that incident				
	with staff.					4
	Review on 5/23/24	4 of a Plan of Protection writter				
		Director dated 5/23/24 revealed				l
	What immediate	action will the facility take to				l
		of the consumers in your care'	?			
		put the two staff involved on				
		ve pending conclusion of this ed on all findings from the	ł			ł
	current investigati	ons, we will make the decision	(L			
	to either terminate	staff or discipline and retrain				1
	staff on Clients Ri	ghts, Abuse and Neglect, and				:

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vision c	f Health Service R	egulation	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDERSOFF CLENCER IDENTIFICATION NUMBER: MHL032-261		A, BUILDING:			And Probability of Annual Annual	
					R-C	
		1	D MIN/2		05/28/2024	
		B. WING				
		STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AME OF P	ROVIDER OR SUPPLIEF		GIS AVENUE			
EGIS AV	ENUE GROUP HO		M, NC 27705			! (XS)
			1D		DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD BE	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIATE		DATE
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'~~	<u></u>					
V 512	Continued From I	nage 12	V 512			:
VDIZ	Continued From page 12		j l			1
	Incident Reporting, and any other areas needed					į
	4	t they are fully comporeing in	1			İ
	addition, we will (continue to work with the	nt i			Ì
	residents to unde	erstand fully their rights, and that				
	they should repo	rt any time that they feel abuse				i
	or neglect may b	e taking place. Describe your tre the above happens. I have	1			ļ
	plans to make su	d the two staff involved to inform	m			
	already contacte	re on administrative leave		1		
	them that they a	ding conclusion of the				
	immediately peri	have let them know that we will				
	Investigations.	ermination with our administrati	ive			
	De making a uer	tions that need to be taken who	en i			l
	All that informati	on is compiled. At that time, the	ay			i I
	will face disciplin	harv action up to and incluging	4			Ì
	termination of th	eir employment, vve train all su	aff			1
	on client rights	abuse and neglect and incluent				
	I conorting 20003	ly as needed. The pieces for				1
	making sure col	nsumers are advised of their				
	in righte are in plat	ce, but we will go over these				i
	Langin and anin	n forward. Client rights and				
		are are aiready posted in the		And And And And And And And And And And		
	- Annuana 'and sup !	will make sure that all consume	13 Hom			ļ
	are familiar with the locations and understand		ui¢			
	purpose."		1			!
		included Mild Intellectus				
	Client #1's diag	noses included Mild Intellectua	e			
	Disability, Majo	r Depressive Disorder, Cognitiv				l
	Impairment, De	ementia, Down's Syndrome,	/24			ĺ
	Anxiety Disorde	er and a Hearing Loss. On 5/13	· ••• •			
	the Group Hor	he Manager and Staff #1 took	t			l
	client #1 into th	e bathroom at attempt to assis	- f			
		r as client #1 was covered in 1 became combative with staff i	and			ļ
	teces. Client #	e Group Home Manager. The	j.			
	got teces on th	Aanager left the bathroom, calle	ed			I
	Group Home N	rector and changed her clothes		8		I
		ent #1 in the bathroom alone at	nd			l
		Staff #1 put a chair underneath	the l			
	unsupervised.	e bathroom which prevented cl	ient			

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AND PLAN OF CORRECTION IDENTIFICATION MHL032-26		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 05/28/2024	
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iame of F	ROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
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	#1 from leaving the minutes. This deficiency con	e bathroom for at least 20 nstitutes a Type A1 rule s abuse and neglect and must				
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						and a second second second second
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						:
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Durham County Community Living Programs, Inc.

Post Office Box 51159 Durham, N.C. 27717-1159 (919) 489-0682

Regis Avenue Group Home MHL # 032-264 Plan of Correction to Survey Completed May 28, 2024

V118 27G .0209 (C) Medication Requirements

<u>To correct the deficiency</u>: The Division Director and Assistant Director reviewed all medications to make sure that all medications were in place and being documented correctly on the MAR since the monitoring. There will be medication administration retraining for staff with an RN as soon as possible to review the relevant areas. Annual training for Managers, who are the primary people who give medication, was held on April 26, 2024. The RN has been unavailable due to illness to reschedule the refresher course to date.

<u>To Prevent the Deficiency from Occurring Again:</u> The Division Director and the staff working in the home at the time of the deficiency will be required to attend additional Medication Administration as soon as it can be scheduled. We will continue to hold annual Medication Administration training to make sure all staff are up-to-date and refreshed on the policies and procedures. The incidents will be documented in their personnel record. We reviewed the signing of the MAR with all managers at our monthly staff meeting on Wednesday, June 26, 2027. The documentation errors were made by substitute managers working in the home, and not by the assigned manager to that home. I reminded all staff that they must be particularly careful when subbing, because you are less familiar with the medication, and documentation is a critical piece of administration. We take medication administration seriously, and mistakes such as this will not be tolerated.

Who will Monitor: The Division Director will review all MAR's, at the end of each month to assure all medication labels and Doctor's orders match the information on the MAR, and to assure that they are correct going into the next month, as well as reviewing to makes sure the documentation is correct. The Division Director is responsible for spot checks throughout the month as she visits the home to make sure the staff are correctly documenting administration. The Assistant Director will spot check over the next few months on a periodic, unannounced basis throughout the month to verify that medication administration records are signed each time they are administered. An RN will review the medications and MARs quarterly, completing a pharmaceutical care review identifying any issues.

<u>How Often the Monitoring will Take Place:</u> The Division Director will review all MAR's, at the end of each month to assure that medications are signed off as required at each administration, as well as completing periodic checks throughout the month. The Assistant Director will spot check on a periodic, unannounced basis to make sure the MAR's are documented correctly over the next few months. An RN will review the medications and MAR quarterly, completing a pharmaceutical care review identifying any issues.

V512 27D NCAC 27D .0304 Client Rights

<u>To correct the deficiency:</u> The rule was reviewed as not met by DHSR, stating that one staff abused and neglected one of three audited clients, and one of three staff failed to protect one of three audited clients from abuse and neglect. To correct this deficiency, staff were put on administrative leave pending investigation. One staff was then put on unpaid leave for an additional two weeks to assess her role in this incident and to consider all factors related to her handling of the incident and her future interest in this field. Both staff were then disciplined through write-up, put on probationary status, and retrained in client rights, with a focus on this particular situation and issues similar to this that could arise in this field, as well as a professional ethics review, and a training focused on OSHA standards related to wearing appropriate PPE that may be needed in a given situation. On the day of the incident, staff were reminded that the consumer's plan is to step away if she becomes agitated, monitor her, and then to return and "try another way" in a few minutes as the situation calms down. They were also reminded that the Assistant Director and Director (who was out of town at the time of this incident) live minutes from the home, and could have been a quicker resource in this situation than the home supervisor.

In addition, we have been requesting that this client be moved to a higher level of care for two years, with a concerted push in the last year. We have repeatedly contacted her psychiatrist, Primary Care doctor, Alliance Care Coordinator and guardian seeking help to get her transitioned to a more appropriate level to meet her needs. Her psychiatrist has put in writing to the Care Coordinator that this consumer needs a higher level of care multiple times, and she has been on waiting lists throughout the State. Due to an injury that occurred days after this incident when the consumer moved furniture in her room in the night, the consumer was admitted to the hospital. DHRS investigated this second incident as well while she was on-site. The consumer is moving on June 27th to an ICF-JDD level home in Person County. Due to this move, Staff #1 will not be returning to work at this home at this time, and will instead continue working with two other higher-functioning consumers at other locations.

To Prevent the Deficiency from Occurring Again: Staff #1 met with the Executive Director and Human Resources Director on 6/18/24, following her two week unpaid leave. The situation itself and the disciplinary action were reviewed with her at that time, and training took place by the Executive Director on the topics specified above. The Executive Director and Human Resources Director met with the Manager on 6/19/24 before she returned to work. She took additional time off at her own request following the incident. The incident, disciplinary action, and training all took place on 6/19/24 prior to her returning to work on that day.

We do Client Rights, Abuse and Neglect, and Incident Reporting training with all staff annually to prevent issues such as this from occurring. While all aspects of the topic are covered during training, we intend to "beef up" the training in the future to focus on what to do in a similar situation, as well as all of the options of who to call for help and guidance BEFORE and during an incident to get the maximum assistance. The Executive Director also met with all consumers in the Regis Home to review client rights with them, particularly regarding this situation. They all felt that they were treated respectfully overall, and that staff were trying to protect the consumer and them in this situation. We had a lengthy conversation about rights, and who to call if you have any concerns, etc. We review Client Rights with consumers annually, and focus on a specific right monthly in our weekly house meetings.

Who will Monitor: The Division Directors are responsible for monitoring and supervising their staff. In this case, the Manager will continue to have the same supervising Division Director at

this time. Since the Staff #1 will not be working in that home or with an Innovations consumer, she will have a different Division Director as her supervisor. During their probationary period, the Assistant Director and Executive Director will also provide some supervision and periodic check-in to ensure that they are going forward using the correct procedures and following regulation and policy.

How Often the Monitoring will Take Place: Official supervision will take place as required, with 2 hours per month prorated at 1 FTE. Additional supervision and training will occur on a periodic and as needed basis throughout the probationary period, and ongoing as each individual case warrants.

Note that the IRIS has been updated with our final results of the investigation, so those notes can be reviewed there. Neither DSS nor the HCPR found abuse or neglect in this case.

Respectfully submitted,

Elizabeth Scott Executive Director