

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411129</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PERSON CENTERED CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 TWIN LAKES DRIVE GREENSBORO, NC 27407</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on October 31, 2024. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall 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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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.	V 536		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 536	Continued From page 1  (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Staff shall demonstrate competence in the following core areas: (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 decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);	V 536		

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V 536	Continued From page 2  (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	V 536		

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STREET ADDRESS, CITY, STATE, ZIP CODE

## PERSON CENTERED CARE

3000 TWIN LAKES DRIVE  
GREENSBORO, NC 27407

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STATE FORM

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V 536	Continued From page 4  -Hire date of September 2011. -National Crisis Intervention Plus (NCI+) training certificate dated 8/7/23 with an expiration date of 8/7/24. -No documentation of current training on Alternatives to Restrictive Intervention.  Interview on 10/31/24 with the QP revealed: -She overlooked having updated her refresher training on Alternatives to Restrictive Intervention. -She would arrange to have her refresher training as soon as possible.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to be maintained in a safe, clean and attractive manner. The findings are:  Observation on 10/30/24 between 12:26 pm-1:30 pm of the facility revealed: -The facility was a split-level building with the kitchen, dining area, living room, client bathroom, and the Licensee/Alternative Family Living (AFL) Provider's sleeping area on the upper level and Client #1 and Client #2's bedrooms on the bottom level.	V 736		

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Client #1's bedroom had 2 windows with the window screens loose and one screen on the left window was partially laying on the outside shrub limbs. A buildup of multiple leaves were laying across the bottoms of the window sills.</li> <li>-Client #2's bedroom had 2 side by side windows which faced the front yard and had shrubs on the exterior of the windows which blocked a path for egress from either window in the event of an emergency.</li> <li>-2 of 3 evergreen shrubs with green and red berries were approximately 7' to 9' in height on the left front exterior of the facility and touched Client #2's windows.</li> <li>-Client #2's bedroom window screens were loose with a buildup of multiple leaves across the bottoms of the window sills.</li> <li>-Client #2's bedroom door had a hole approximately 5" x 5" in the top left panel.</li> <li>-On the upper level of the facility was a black leather sofa in the living room and in front of a picture window with 2 seats and a console between the seats had: <ul style="list-style-type: none"> <li>-Leather missing from a section of the front middle cushion on the right side of the sofa which was approximately 24" x 12".</li> <li>-The cushion below the front middle cushion had a piece of leather missing that was approximately 4"x 4" in size.</li> <li>-The leather fabric was missing entirely from the right arm of this sofa along with leather missing on the top of the console above a steel 2-cup holder.</li> <li>-A leather piece approximately 12"x 8" was missing on the right side of the left seat cushion.</li> </ul> </li> <li>-The upper-level bathroom where Clients #1 and #2 shower had: <ul style="list-style-type: none"> <li>-2 out of 4 light bulbs missing over the sink vanity.</li> <li>-The toilet paper holder attached to the wall</li> </ul> </li> </ul>	V 736		

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V 736	<p>Continued From page 6</p> <p>opposite from the toilet was missing a rod to hold the toilet paper.</p> <p>-Between the upper level and front door of the facility was a loose wooden handrail on the right side beside 6 carpeted steps.</p> <p>-The carpet at the front door had one circular shaped and dark-colored stain which was approximately 3"x 3" and one dark-colored stain which was approximately 1"x 2" in size.</p> <p>-The first step leading to the bottom level had a torn carpet area approximately 1' in length x 4" in height with a wood area exposed of approximately 3"x 1" in size.</p> <p>-Between the front door foyer and bottom level of the facility was a loose second wooden handrail which was on the right side of the 2nd set of 6 carpeted steps.</p> <p>-On the bottom level were 2 interior white-colored 4 paneled doors with the right top panel on each door cracked in an "x" shape. The 1st door was located between the right side of the bottom steps and a bottom-level living room. The second door was to the laundry room on the bottom level of the facility.</p> <p>-A fascia piece approximately 1' x' 8' was missing from the exterior front and upper right side of the facility with a white-colored piece of fascia board laying in the yard next to the front and right side of the facility.</p> <p>-A brush pile of tree limbs approximately 2' x 4' in size was located in the front yard near a large tree to the left.</p> <p>-A step at the bottom of the back wooden deck was loose on the right side with screws exposed.</p> <p>A second observation on 10/30/24 at 3:25 pm of the exterior front of the facility and interview with the Licensee/AFL Provider revealed:</p> <p>-1 of the 3 shrubs in front of Client #2's bedroom windows was laying on the ground outside Client</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>#2's window with a manual tree trimmer tool beside the right exterior window panel. -She had cut one of the shrubs down and away from Client #2's window today. -She pointed to a plant with yellow leaves on the right exterior side of Client #2's window and stated, "That was the shrub construction (DHSR Construction Section) said was blocking [Client #2]'s window and I've already taken that one down." -"These shrubs grow quickly."</p> <p>Review on 10/30/24 of the North Carolina Residential Building Code Section 310.2.1 revealed: -"Emergency Egress- Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet."</p> <p>Review on 10/29/24 of the facility's biennial construction statement of deficiency dated 7/24/24 from the North Carolina Division of Health Service Regulation (DHSR) revealed: -Handrails were loose and the lower handrail top bracket was broken. -Missing light bulbs in the upper-level hall bathroom at the vanity. -"Several" damaged doors on the lower level. -"At the time of survey, it was observed that the lower left front bedroom (Client #2's bedroom) had a broken plexiglass windowpane and there were shrubs growing in front of the window to impede egress in the event of an emergency. Repair or replace the window and clear the path of egress on the outside."</p>	V 736		



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V 736	<p>Continued From page 8</p> <p>- "Several" screens had fallen out of the windows allowing debris to build up against the windows in the lower level.</p> <p>- The front right corner fascia (outside and at the top of the facility) had fallen off.</p> <p>- There was a "large" shrub growing against the facility on the front and left side.</p> <p>- There was "a pile of (tree) limbs in the front yard that could harbor vermin."</p> <p>- A statement, "All deficiencies listed were discussed with on-site staff during the exit interview."</p> <p>Interview on 10/29/24 with Client #1 revealed: - Unable to interview Client #1 about the physical facility as his verbal communication was mumbled and not understood.</p> <p>Interview on 10/29/24 with Client #2 revealed: - Unable to interview Client #2 about the physical facility as he was verbally non-responsive to questions.</p> <p>Interviews on 10/29/24 through 10/31/24 with the Licensee/ AFL Provider revealed: - She was present at the facility during the DHSR construction survey on 7/24/24.</p> <p>- "They (DHRSR Construction Section) found little things like loose pieces of wood on the (back) deck, boiler on the water heater that needed to be fixed, light bulbs needed to be replaced, loose doorknobs, little stuff to do."</p> <p>- "[Client #2]'s window screens are the same (loose)."</p> <p>- She agreed the shrubs outside of Client #2's windows blocked egress from both windows.</p> <p>- "They (Client #1 and Client #2) would need help getting out in case of fire."</p> <p>- "I know [Client #1]'s screen is loose, and I've got to get those leaves out the window."</p>	V 736		

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V 736	<p>Continued From page 9</p> <p>- "My father is coming this weekend to help me and [Staff #1] remove the shrubs and pile of sticks and leaves. We can put the fascia board back on too."</p> <p>- "I have gotten some things here fixed but haven't gotten around to everything. I think I have until November (2024) to get everything done."</p> <p>- The missing leather pieces on the living room sofa came from Client #1 picking the material apart as he sat on the sofa. She planned to throw away the sofa.</p> <p>- Client #1's picking behavior was a targeted behavior in his behavior support plan with strategies which included giving Client #1 material swatches to pick.</p> <p>- "I need to get bulbs put in there (the upper-level bathroom)."</p> <p>- She acknowledged the 2 sets of wood handrails beside the interior steps were loose.</p> <p>- "I know they're loose. I need to replace the brackets to tighten them (handrails)."</p> <p>- "Those stains on the carpet (inside at the front door) are probably from [Client #2] running through and spilling something. I need to pull the carpet up."</p> <p>- "[Client #2] punched the doors (in the basement level) a few months ago. It was before construction came here in or around July. Construction said I could take a board and put over them (the door panels) and paint the boards. Replacing doors is unreasonable (cost)."</p> <p>- "Construction (DHSR Construction Section) came out July 24th (2024), but the report was emailed to me on October 10th or October 11th (2024)."</p> <p>- She planned to fix the step on the back deck herself and repair the damaged interior doors as soon as she could.</p> <p>Review on 10/30/24 of a Plan of Protection dated</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>10/30/24 and completed by the Licensee/AFL Provider revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Approximately at 3:15 pm on 10/30/24, I (Licensee/AFL Provider) began cutting the hedge that was blocking [Client #2]'s window. I will remove additional hedges today 10/30/24.</p> <p>Describe your plans to make sure the above happens. -My plan is to monitor the shrubs and keep them cut to make sure they do not block [Client #2]'s window in future."</p> <p>This facility serves clients with diagnoses including Moderate to Severe Intellectual Developmental Disabilities, Obsessive Compulsive Disorder, Autistic Disorder and Affective Mood Disorders. Clients #1 and #2's bedrooms were located on the bottom level of the facility. Client #2's had 2 bedroom windows which faced the front of the facility with both windows obstructed by at least 2-3 exterior shrubs growing 7 to 9 feet in height next to his windows. A 7/24/24 DHSR Construction Section statement of deficiency identified the shrubs in front of Client #2's windows blocked emergency egress. The Licensee/AFL Provider failed to take the necessary steps for 3 months (7/24/24 to 10/29/24) to clear the path of egress on the outside of the facility to ensure client safety.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 736		
V 742	27G .0304(a) Privacy	V 742		

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V 742	<p>Continued From page 11</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not designed in a manner that provided client privacy while bathing affecting 2 of 2 clients (Client #1 and Client #2). The findings are:</p> <p>Observation of the facility on 10/30/24 between 12:26 pm- 1:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-The client bathroom on the upper level had a window located inside the shower on one wall.</li> <li>-The window had a set of blinds with at least 3 blind slats missing and 2-3 blind slats partially broken on the lower left side.</li> <li>-The facility's backyard and a neighbor's home were viewed through the missing window blind slats and did not provide for client privacy while showering.</li> </ul> <p>Interviews on 10/30/24 and 10/31/24 with the Licensee/Alternative Family Living (AFL) Provider revealed:</p> <ul style="list-style-type: none"> <li>-Clients #1 and #2 took showers every morning in the upper-level bathroom.</li> <li>-Client #1 may be showered in the afternoon if he had a "messy diaper."</li> <li>-"[Client #2] messes with the blinds. I had a shower curtain over the window and [Client #1] or [Client #2] ripped the curtain down. I can replace that blind."</li> <li>-She talked with the Qualified Professional (QP) about placing a tinted adhesive window film over the window to provide Clients #1 and #2 privacy.</li> </ul>	V 742		

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V 742	Continued From page 12  Interview on 10/31/24 with the QP revealed: -She "recently" discussed with the Licensee/AFL Provider about a tinted adhesive for the shower window to ensure client privacy while bathing.	V 742		