Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | , , | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | | A. BOILDING. | | | |
| | | MHL080096 | B. WING | | C 12/04/2024 | |
| NAME OF D | ROVIDER OR SUPPLIER | STDEET A | DDRESS, CITY, STA | TE ZIR CODE | | |
| NAME OF F | ROVIDER OR SUFFLIER | | | ile, zif Gode | | |
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| (X4) ID | (4) ID SUMMARY STATEMENT OF DEFICIENCIES | | | PROVIDER'S PLAN OF CORRECTION | | |
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| V 000 | INITIAL COMMENTS | | V 000 | | | |
| | A complaint survey was completed on 12/4/24. The complaint was substantiated (intake #NC223730). A deficiency was 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 3 and has a current census of 3. The survey sample consisted of audits of 1 current client. | | | | | |
| V 291 | 27G .5603 Supervised | d Living - Operations | V 291 | | | |
| | V 291 27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. | | | | | |
| | (d) Program Activities | s. Each client shall have based on her/his choices, | | | | |

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

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | JRVEY ETED |
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| V 291 | Continued From page | e 1 | V 291 | | | |
| | needs and the treatm Activities shall be des inclusion. Choices m | ent/habilitation plan. signed to foster community ay be limited when the court olved or when health or | | | | |
| | This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate services for 1 of 3 clients (#3). The findings are: | | | | | |
| | Review on 12/4/24 of the "Treatment Plan Consent Form" for client #3 revealed: - Consent form was from client #3's dentist office Signed by client #3's Legal Guardian on 7/6/24 "Extraction tooth 18 (left lower tooth)" - "Extraction tooth 29 (right lower tooth)" | | | | | |
| | Interview on 12/3/24 with client #3's Legal Guardian revealed: On 10/22/24 client #3 had a lower jaw tooth pulled by client #3's dentist. He first learned about client #3's tooth being pulled afterwards. Client #3 told him during a telephone conversation on 10/22/24 that his tooth had been pulled. After the telephone conversation with client #3, he drove over to the facility. Staff #1 was working when he arrived and "[staff #1] didn't know anything about his (client #3's) tooth being pulled." "I asked [staff #1] if he had been given any paperwork and [staff #1] said, 'no he didn't get any paperwork.' " Staff #1 also told him he did not know that client #3's tooth had been pulled. | | | | | |

Division of Health Service Regulation

STATE FORM 6899 4WLX11 If continuation sheet 2 of 8

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| V 291 | Continued From page | e 2 | V 291 | | | | |
| | revealed: | with client #3's dental staff | | | | | |
| | | uctions for client #3's tooth | | | | | |
| | extraction were provide | | | | | | |
| | | d the Facility Nurse signed | | | | | |
| | the post-operative ins | structions. | | | | | |
| | Review on 12/4/24 of | the "Post-operative | | | | | |
| | Instructions for Extra | • | | | | | |
| | - "Patient: [client #3] | date: 10/22/24" | | | | | |
| | | instructions carefully to aid | | | | | |
| | in healing and recove | | | | | | |
| | | ozing is to be expected and | | | | | |
| | | when mixed with saliva. If the | | | | | |
| | | ues to ooze, apply a wet tea | | | | | |
| | | there are concerns that we bleeding call [client #3's | | | | | |
| | dentist and phone nu | | | | | | |
| | | resident should never be | | | | | |
| | left unattended with g | | | | | | |
| | | sure that the patient gets the | | | | | |
| | pain gets the pain me | edication that is prescribed | | | | | |
| | | a wears off. Some pain after | | | | | |
| | | mon. The onset of pain after | | | | | |
| | | g mouth may indicate a.'dry | | | | | |
| | socket' If this happer | | | | | | |
| | | reduce welling, place a | | | | | |
| | | for 10 minutes and take off shours after the surgery. | | | | | |
| | | w movement, and bruising | | | | | |
| | | the greatest on the second | | | | | |
| | postoperative day. | 5. 201221 2 110 000011d | | | | | |
| | | nesia has worn off before | | | | | |
| | | to either eat or drink. The | | | | | |
| | resident should drink | plenty of fluids but avoid | | | | | |
| | _ | liquids. The resident may | | | | | |
| | | ne can comfortably tolerate. | | | | | |
| | Start with soft foods. | | | | | | |
| | | ly smokes, he or she should or reduce smoking for the | | | | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| V 291 | Continued From page | e 3 | V 291 | | | |
| V 291 | first twenty-four hours incidence of 'dry sock - The staff should be on a daily basis follow the extraction site. The cleaned as usual. As does not have the characteristic standing order - Extractions were do - Total number of teet - Facility staff receiving Instructions: [Signatur Nurse]." Interview on 12/4/24 Nurse revealed: - She knew that client 10/22/24 because his extraction at the RHADay Program building - The dentist's office in had sent her a list of be seen on 10/22/24 - Staff #6 was present his tooth pulled She provided no write information to staff be not provide this writte - She told staff #6 that through a straw for the had any pain to call her None of the facility sclient #3's tooth being the on-call phone on the staff provide on call phone on the staff provide on call phone on the staff phone phone on the staff phone | s. Smokers have a higher tets.' sure the mouth is cleaned ving surgery. Gently clean he rest of the teeth should be lite that is not kept clean ance to heal. for pain medication. ne on the: lower left side. th extracted: 1 ng post operative e of the Facility Registered with the Facility Registered with the Facility Registered that had his tooth pulled on a dentist's office did the health Services NC, LLC g. receptionist prior to 10/22/24 patients who were going to and client #3 was on the list. It with client #3 when he got tten post-operative recause client #3's dentist did in information to her . It client #3 could not drink e next 5 days and that if he | V 291 | | | |
| | Review on 12/3/24 of client #3's Day Program Sign in Sheet dated 10/22/24 revealed: - "10/22/24 [client #3] 1:14 pm [staff #6]" | | | | | |

Division of Health Service Regulation

STATE FORM 6899 4WLX11 If continuation sheet 4 of 8

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
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| V 291 | Continued From page | : 4 | V 291 | | | | |
| | - "10/22/24 [client #3] | 1:46 pm [staff #6]" | | | | | |
| | Qualified Professiona - On 10/22/24 staff #6 day program Staff #6 signed him above) "When [staff #6] dro 10/22/24), [staff #6] si consumer who worke facility] called to the b program staff], [client to the back." - Staff #6 did not tell a program that client #3 dental appointment ai - She never talked to down the day program throwing up in the tras - She tried to call som Services NC, LLC Da pick up client #3 after unable to get in conta - She had staff #2 wh Health Services NC, I contact the house ma come pick up client #3 - Staff #6 then returne and picked up client # dropped him off (see - She did not know cli until client #3's Legal 10/24/24 and informe pulled on 10/22/24 In addition to not kno tooth pulled on 10/22/ | in around "1:00" (pm) (see pped [client #3] off (on igned him in and [a male d at client #3's day program ack and told [client #3's day i #3] was here and coming any staff at client #3's day is was returning from a and had his tooth pulled. staff #6 and as she walked in hallway client #3 was sh can. leeone at the RHA Health by Program office to come he threw up. She was ct with anyone at the office. o worked for both RHA LC and their day program nager (name unknown) to 3. ed to client #3's day program tag soon after she had | | | | | |
| | with any post-operativ | | | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| V 291 | - On 10/22/24 staff # Services NC, LLC D his tooth pulled and day program His left lower tooth drove him to his day - Denied that staff # day program that he - "[Staff #6] signed n group home." - When he was at hi blood after he ate so - His tooth hurt while and he was not prov pain His Legal Guardian been pulled Later staff #6 picke and drove him back - When staff #6 brow staff #1 worked the n - Staff #6 did not tell pulled. Interview on 12/4/24 - He learned about of when "[client #3] can (10/22/24) - Client #3 also told did not know about I - When client #3 had with his Legal Guard Legal Guardian that - Client #3 handed h | with client #3 revealed: #6 took him to the RHA Health ray Program building to have then staff #6 drove him to his was pulled. Then staff #6 program. #6 told any of the staff at his i just had his tooth pulled. Then in and she go back to the s day program, he threw up ome of his lunch. The was at his day program wided any medication for the mass not told his tooth had and him up at his day program to his facility. The staff at his and to his day program to his facility. The staff at his and to | V 291 | | | |

Division of Health Service Regulation

STATE FORM 6899 4WLX11 If continuation sheet 6 of 8

Division of Health Service Regulation

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| | | | 4 | DEFICIENCY) | | |
| V 291 | Continued From page | e 6 | V 291 | | | |
| | know anything about Guardian] was Just li about [client #3's] too shock." - He thought it was staback to the facility after "[Staff #6] didn't say [client #3's] tooth being the He also did not know his stomach at client #3 and the He had not been propost-operative instruction of the He also did not know his stomach at client #3 and the He had not been propost-operative instruction of the He had not been pulled the He thought in the He had not been pulled to the had been pulled the He had not know untooth had been pulled the He thought in the He had not know untooth had been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He thought in the He had not been pulled the He had not | ike I was when I found out th being pulled. I was in aff #6 who brought client #3 er his tooth was pulled. y anything to him about ng pulled." w that client #3 got sick on #3's day program. by ided with any written stions on 10/22/24. him his tooth had been facility nurse (did not know hurse told him to keep client to use mouth wash. The her if client #3 had s nausea. m - 11 pm on 10/22/24 and after him. te in his "blue notes" that he staff #1's "2nd shift Blue y/24 at 8:23 pm" mentation that staff #1 talked at #3's tooth being pulled. with staff #3 revealed: buld have "probably" come attil 12/4/24 that client #3's | | | | |
| | Interview on 12/4/24 v | with staff #6 revealed: | | | | |

Division of Health Service Regulation

- She took client #3 on 10/22/24 to have his tooth

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| DIVISION | i Health Service Negu | iauon | | | | |
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| V 291 | Continued From page | . 7 | V 291 | | | |
| V 201 | Continued i Tom page | 5 1 | 1251 | | | |
| | pulled at the RHA He | alth Services NC, LLC Day | | | | |
| | Program building. | , | | | | |
| | | y client #3's dentist not to | | | | |
| | | | | | | |
| | | k out of a straw. "I forgot | | | | |
| | how long." | | | | | |
| | She was provided w | ith no other post-operative | | | | |
| | instructions. She was | provided "only verbal | | | | |
| | instructions about not | drinking out of a straw." | | | | |
| | | is tooth pulled, she drove | | | | |
| | him to client #3's day | • | | | | |
| | | | | | | |
| | | off client #3 at his day | | | | |
| | | female consumer" who | | | | |
| | worked there that clie | nt #3 was not supposed to | | | | |
| | drink out of a straw. | | | | | |
| | - "Then right after I dr | opped [client #3] off like 20 | | | | |
| | _ | ff at client #3's day program | | | | |
| | | e needed to pick him up | | | | |
| | | · | | | | |
| | because client #3 had | | | | | |
| | | client #3 at his day program | | | | |
| | | his facility. She stayed with | | | | |
| | client #3 until the nex | t shift staff, staff #1, started | | | | |
| | to work. | | | | | |
| | - When staff #1 came | to work she told him that | | | | |
| | | up at his day program. She | | | | |
| | | 41 with any other information. | | | | |
| | aid flot provide stall # | . With any other information. | | | | |
| | Interview on 40/4/04 | with the Administrator/Astira | | | | |
| | | with the Administrator/Acting | | | | |
| | Qualified Professiona | | | | | |
| | | nstructions that would have | | | | |
| | been provided to clier | nt #3's staff would have | | | | |
| | come from "the nurse | e. " | | | | |
| | - She did not know wl | hat staff worked on | | | | |
| | 10/22/24. | | | | | |
| | | no hoard about client #2's | | | | |
| | - | ne heard about client #3's | | | | |
| | | s from client #3's Legal | | | | |
| | | r on the phone he did not | | | | |
| | know client #3's tooth | was pulled on 10/22/24. | | | | |
| | | | | | | |
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