

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL019-027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHATHAM COUNTY GROUP HOME #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 WEST FIFTH STREET SILER CITY, NC 27344</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  A complaint survey was completed on March 13, 2025. The complaint was substantiated (intake #NC00226627). 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 6 and has a current census of 5. The survey sample consisted of audits of 1 current client.	V 000		
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. Each client shall have activity opportunities based on her/his choices,	V 291		

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

TITLE

(X6) DATE

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V 291	<p>Continued From page 1</p> <p>needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure coordination of services for one of one audited client (#1). The findings are:</p> <p>Review on 3/13/25 of client #1's record revealed: -Admission date of 4/3/23. -Diagnoses of Moderate Intellectual Disability, Overweight and Acanthosis Nigricans.</p> <p>Review on 3/13/25 of an in-house incident report dated 1/3/25 revealed: -"On 1/4/25 [client #1] told [staff #2] that [staff #1] hit her, threw her to the ground &amp; broke her glasses. [Client #1] showed [staff #2] the break in the glasses frame and where she was hit on her side. She showed me 2 scratches on her arms where she said [staff #1] scratched her, pulling off her shirt."</p> <p>Interview on 3/13/25 with the client #1's guardian revealed: -The Executive Director/Qualified Professional (ED/QP) called her on 1/21/25 about an incident that occurred on 1/3/25 with client #1 and staff #1. -She was informed staff #1 put client #1 in a physical restraint. -"[The ED/QP] gave me no explanation as to why it took them about 2 weeks to inform me about</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>the incident."</p> <p>Interview on 3/13/25 with client #1's Care Coordinator revealed:</p> <ul style="list-style-type: none"> <li>-She received a call from client #1's guardian on 1/21/25.</li> <li>-Client #1's guardian reported there was an incident with client #1 at the facility.</li> <li>-She was informed client #1 was aggressive towards staff#1.</li> <li>-She was informed "[staff #1] put [client #1] into a therapeutic hold for about a minute."</li> <li>-Staff from client #1's facility never called or emailed her about this incident.</li> <li>-She tried to follow up with the ED/QP and Case Manager about the incident.</li> <li>-She emailed both of them and "never got a response."</li> <li>-She needed more details related to the incident with client #1 and staff #1.</li> </ul> <p>Interview on 3/13/25 with the Case Manager revealed:</p> <ul style="list-style-type: none"> <li>-"If there is an incident with a client, I am responsible for reporting the incident to the guardian."</li> <li>-She reported the 1/3/25 incident with client #1 and staff #1 to the guardian on 1/21/25.</li> <li>-The ED/QP called the guardian, and they both reported the incident via telephone.</li> <li>-"We normally report the incidents immediately."</li> <li>-"There was a lot of up and down with the incident and that was why it was not reported to the guardian on 1/3/25."</li> <li>-She didn't contact client #1's Care Coordinator about the 1/3/25 incident.</li> </ul> <p>Interview on 3/13/25 with the ED/QP revealed:</p> <ul style="list-style-type: none"> <li>-The 1/3/25 incident with client #1 and staff #1 was reported to client #1's guardian.</li> </ul>	V 291		

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V 291	Continued From page 3  -She talked to client #1's guardian on 1/21/25 and 1/27/25. -She reported the incident "on one of those days." -"The incident was reported late and she could not remember why it was not reported sooner." -She told the Case Manager to report the incident when it occurred on 1/3/25. -She was not sure why the Case Manager failed to report the incident when it occurred on 1/3/25. -She didn't contact client #1's Care Coordinator about the 1/3/25 incident.	V 291			