

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
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NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on May 2, 2018. The complaint was unsubstantiated (intake #NC00138311). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, one of three paraprofessional staff (#3) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are:</p> <p>Review on 05/02/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male. - Admission date of 09/29/17. - Diagnoses of Attention Hyperactivity Disorder, Major Cannabis Abuse Disorder, Oppositional Defiant Disorder and Social Anxiety Disorder. - Admission Assessment dated 09/29/17 - History touching female inappropriately. <p>Review on 05/02/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 17 year old male. - Admission date of 12/28/17. - Diagnoses of Disruptive Mood Dysregulation Disorder and Intermittent Explosive Disorder. - Admission Assessment dated 12/28/17 - History of defiant behaviors toward female authority. - Person-Centered Plan dated 02/12/18 - Goal #3 - Manipulates Staff. <p>Review on 05/02/18 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 02/24/16. - Job title: Paraprofessional. - Training in Client Rights effective 02/18/16. 	V 110		

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V 110	<p>Continued From page 2</p> <p>Review on 05/02/18 of a facility "Client Protection from harm and Abuse Check Sheet" signed by client #2 and dated 04/12/18 revealed:</p> <ul style="list-style-type: none"> - "I (client #2) told them (treatment team) about Ms. [Staff #3] sexually harrasing me and they didn't believe me." <p>Interview on 05/02/18 client #2 stated:</p> <ul style="list-style-type: none"> - He was admitted to the facility on 12/28/17. - Staff #3 had made sexual comments to him and also made sexual gestures. - Staff #3 "twerked" in his room and client #1 saw it. - This incident happened approximately one month ago. <p>Interview on 05/02/18 client #1 stated:</p> <ul style="list-style-type: none"> - He was admitted to the facility approximately four or five months ago. - Approximately one month ago he saw staff #3 "twerk" in front of client #2 while she was in client #2's room. - Staff #3 did not know he saw her. - Staff #3 "twerked" for several minutes. - Staff #1 was in the front of the facility. <p>Interview on 05/02/18 staff #3 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for approximately two years. - There was always two staff at the facility. - She had never sexually abused any clients at the facility. - She had not made any inappropriate actions towards clients. - Client #2 had gotten upset several weeks ago and told her he was going to get her fired. <p>Interview on 05/02/18 the Program Director stated:</p>	V 110		

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V 110	Continued From page 3 - She had investigated potential abuse allegations against staff #3 and it was unsubstantiated. - The facility had cameras and no inappropriate action was observed. - Staff #3 had worked at the facility for several years and no concerns had been noted with her job functions. - The facility would complete ongoing training to ensure staff professional boundary issues.	V 110		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

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V 367	<p>Continued From page 4</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 05/02/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no facility incident report for client #2's 04/12/18 allegation of abuse against staff #3.</p> <p>Review on 05/02/18 of a facility "Client Protection from harm and Abuse Check Sheet" signed by client #2 and dated 04/12/18 revealed: - "I (client #2) told them (treatment team) about Ms. [Staff #3] sexually harrasing me and they didn't believe me."</p> <p>Review on 05/02/18 of client #2's record revealed: - 17 year old male. - Admission date of 12/28/17.</p>	V 367		

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V 367	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Diagnoses of Disruptive Mood Dysregulation Disorder and Intermittent Explosive Disorder. - Admission Assessment dated 12/28/17 - History of defiant behaviors toward female authority. - Person-Centered Plan dated 02/12/18 - Goal #3 - Manipulates Staff. <p>Interview on 05/02/18 client #2 stated:</p> <ul style="list-style-type: none"> - He was admitted to the facility on 12/28/17. - Staff #3 had made sexual comments to him and also made sexual gestures. - Staff #3 "twerked" in his room and client #1 saw it. - This incident happened approximately one month ago. - Staff #3 touched him and allowed him to kiss her neck. <p>Interview on 05/02/18 staff #3 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for approximately two years. - There was always two staff at the facility. - She had never sexually abused any clients at the facility. - She had not made any inappropriate actions towards clients. - Client #2 had gotten upset several weeks ago and told her he was going to get her fired. <p>Interview on 05/02/18 the Program Director stated:</p> <ul style="list-style-type: none"> - She had investigated potential abuse allegations against staff #3 and it was unsubstantiated. - She had completed an incident report. - She thought she had submitted the IRIS incident report to the LME. - The Department of Social Service had investigated client #2's allegation against staff #3. <p>[This deficiency constitutes a recited deficiency</p>	V 367		

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V 367	Continued From page 7 and must be corrected within 30 days.]	V 367		