

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DHSR - Mental Health JUN 21 2018 (X3) DATE SURVEY COMPLETED R 05/10/2018
--	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFESPAN-UNION COUNTY

**1918 EAST ROOSEVELT BOULEVARD
MONROE, NC 28112**

Lic. & Cert. Section

(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 and follow up survey was completed on 5-10-18. The complaint was substantiated (NC#00137480). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5400 Day Treatment for all Disability groups	V 000	Program Director or Designated Back Up will monitor the situations to ensure it will not occur again. It will be monitored per incident or more often as needed.	
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110	1. Actions that the facility Staff and Management will take to ensure the safety of the consumers in our care: a. For any incidents that should and/or will staff will contact Management and the guardian immediately. b. Management will contact the guardian to inform of the incident and/or to follow up c. If management is not present, Staff will notify back-up in Management and the guardian will be notified. d. Management will follow up with Program (if Manager is off site) for updates of incidents. e. Guardian will be contacted and be provided with updates f. Communication between staff and the guardian will be recorded on a Professional Contact Log and a copy will be kept in the facility. g. Trainer will complete Health and Safety Transporting and Transitioning individuals h. Management will implement and review incident/injury Report Training Policies & Procedures: i. What are incidents ii. Who & When to contact the guardian iii. Symptom Review iv. When to see medical attention -when to call 911 -when to contact guardian -when it's safe to transition the individual i. During team meetings will discuss with the team and guardian fall preventions and or medical symptoms specific to that individual to add to the body of the ISP or Crisis Plan. j. Management will have a refresher training on where to find Medical Emergency Contact on all individuals.	5/8/18 5/8/18 5/8/18 5/8/18 5/8/18 5/8/18 5/16/18 5/31/18 5/8/18 5/8/18

Division of Health Service Regulation

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

TITLE

(X6) DATE

Amy Shepherd

Compliance Specialist

6.7.18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews two of four staff (staff #1 and #2) and one administrative Assistant (AA) failed to demonstrate knowledge and decision making required by the population served. The findings are: Review on 4-30-18 of client #1's record revealed: -Admitted 5-10-06 -Diagnoses of seizure disorder and moderate intellectual disability -Person centered plan dated 8-1-17 revealed: "uses stroller when lots of walking is involved...needs assistance on stairs..." -Person centered plan dated 8-1-16 revealed: "uses walker." -Permission to seek emergency care signed 1-21-18 Review on 5-1-18 of staff #1's personnel record revealed: -Hire date 6-12-13 -Trainings include Incident reporting (9-22-17), first aid (12-16-16) and core values (9-22-17) -Clinical supervision dated 3-29-18 revealed: "1. reviewed and discussed the incident that took place regarding [client #1] falling on 3-28-18. 2. Discussed the importance of implementing Incident Reporting Policy and contacting the guardian immediately if management is not present. 3. Discuss preventative measurements that could be put into place going forward when working with [client #1] and other individuals. 4. Reviewed documentation	V 110	k. Each staff will be provided with a supervision notebook to take notes during any training's, meetings, and or supervisions, to clarify communications between staff and management. l. Management will include details of their conversation with guardian on the debriefing portion of the incident form m. Management will conduct staff supervisions regarding this particular incident	5/8/18 5/8/18 5/8/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 2</p> <p>prior to sending home to ensure all details are listed and ensure communication is understood across the board. 5. Management will follow up in a timely manner to ensure no miscommunication."</p> <p>Review on 5-1-18 of supervision dated 3-29-18 for staff #2 revealed:</p> <p>- "1. Reviewed and discussed the incident that took place regarding [client #1] falling on 3-28-18. 2. Discussed the importance of implementing Incident Reporting Policy and contacting the guardian immediately if management is not present. 3. Discuss preventative measurements that could be put into place going forward when working with [client #1] and other individuals. 4. Reviewed documentation prior to sending home to ensure all details are listed and ensure communication is understood across the board. 5. Management will follow up in a timely manner to ensure no miscommunication."</p> <p>Review on 4-30-18 of a Level I Incident report dated 3-28-18 7:50 am and completed by staff #1 revealed:</p> <p>- "Time: 7:50 am, duration: 5 minutes from fall to inside of building... Walking towards the building [client #1] fell on his walker. When [client #1] fell he had on his pack. He landed on his backpack and R (right) arm. [Client #1] was looked over while still on the ground. No blood or cuts was noticed at this time. [Client #1] was helped up off the ground. When he stood up and held his walker he favored his right arm. [Client #1] appeared to be in pain when attempting to walk. Staff ran and grabbed a wheelchair to put [client #1] in. Once inside the building staff examined [client #1] again, this time taking off his jacket."</p> <p>- Under the section detailing who was notified:</p>	V 110			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 3</p> <p>the Qualified Professional/Program Director (QP/PD) and two other staff members were checked as being notified. The Guardian for client #1 was not checked as being notified</p> <p>Review on 4-30-18 of a Level I Incident report dated 3-28-18 3:00 pm and completed by staff #2 revealed: -"Staff notice [client #1] right shoulder is really swollen from a fall this morning. Staff notified [QP/PD] and [client #1]'s mom." (Client #1's mom is also his guardian)</p> <p>Review on 4-30-18 of a Level II incident report dated 3-30-18 completed by the Qualified Professional/Program Director revealed: -"It was reported to the QP/PD by staff at 7:50 am on 3-28-18 that [client #1] fell on his right arm in attempts to come into the building. Staff reported no bruising and/or swelling at that time; however, the staff noticed two scrapes and applied an ice pack to help any potential swelling. A level I incident report was completed. It was instructed to notify the guardian of the fall and to monitor closely in the event that he may need medical treatment At 3 PM another staff noticed [Client #1]'s right arm swollen and bruised. The Administrative Assistance, QP (QP/PD) and guardian was notified. After speaking with the guardian around 4 pm, the guardian reported that she believes it's broken and will be taking him to urgent care. The guardian confirmed on 3/29 around 6:50 am that it was broken."</p> <p>Review on 4-30-18 of incident summary completed 4-2-18 and signed by the compliance director revealed: -"Incident: on March 28, 2018 [Client #1] had fallen transitioning from the van to the building on his walker. He was checked and had some</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	Continued From page 4 scrapes on his elbow and he was favoring his right arm. He was transferred to a wheelchair and he was given an ice pack for his arm. [Staff #1] (van driver) called to report the incident to the QP, [QP/PD]. [QP/PD] was attending a meeting off site that day and asked her to call [client #1]'s mom to let her know, or let [administrative assistant (AA)] call her. Shortly after [AA] was on the phone with [QP/PD] and [staff #1] assumed that [QP/PD] had told her to call [client #1]'s mom. His one on one [staff #2] noticed he was not wanting to use his right arm. The ice pack continued. He noticed as the day went on he still seemed to be in pain. Another staff [staff #4] lifted up his sleeve to check on his arm and noticed his arm was swollen and had a small bruise. They immediately notified [AA] and she called and left message for [client #1]'s arm. [Client #1] was taken home by van driver. Around 4:30 that afternoon [QP/PD] received a text from [client #1's] mom that she had never received a phone call that morning but did receive a voicemail from [AA] at 3:00. She believed the arm was broken and was taking him to urgent care. Mom later confirmed the arm was broken...His mom was upset she was not notified immediately to be able to make the decision to seek medical care the morning of the fall. Although [staff #1] was instructed to let his mom know or have [AA] do it, [staff #1] had assumed [QP/PD] had informed [AA] to call his mom. Mom was also upset that [staff #2] had stated in the parent/staff contact log that [client #1] was not using his hand that day, and she wasn't made aware earlier. When [AA] asked him (staff #2) about it, he said that he was using it some throughout the day." -Statement by the QP/PD dated 4-2-18: "received a call from [staff #1] informing me that [client #1] had fell...I instructed [staff #1] to complete an incident report. I also instructed [staff #1] to	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 5</p> <p>contact the parents or have [AA] to contact the parents to make them aware of the fall in the event he should bruise or he has to receive medical treatment. I informed [staff #1] for the time being to use an icepack to help prevent any swelling later received a call from [AA] around 8:00 regarding the ice pack...At 4:33 pm, I received a call from [client #1's mom] saying '[QP/PD], please call me'. I contacted her and she informed me that the van driver gave her the message, she did not receive a call earlier and that it appears his arm is broken...I immediately apologized to her and explained that someone should have called her that morning, when I was aware, because it was instructed for to be called...I asked [staff #1] the next day, why the call wasn't made to the guardian. She reported via text that she did not call because she assumed that I told [AA] to when we were on the phone regarding the ice pack."</p> <p>-Statement from the AA, undated: "Approximately 8:01 am, [staff #1] notified me that she had talked to [QP/PD] about the incident that just occurred with [client #1]. She mentioned that he fell...she had to use a wheelchair to get him into the building...she completed an incident report and an injury report ...I mentioned to the staff to continue to monitor [client #1] throughout the day. Around lunch time [client #1] used his left hand to eat. Around 2:45 pm or 3:00 pm staff asked me to come check [client #1] because the noticed swelling of his right shoulder...he was bruised and swollen...I immediately contacted supervisor and mother." AA left a message on the answering machine for the guardian and notified the van driver.</p> <p>-Statement from staff #2 dated 4-2-18: " Staff noticed that [client #1] was not using his right arm as much even with the ice pack that was applied. Staff informed manager of the situation. Around</p>	V 110			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 6</p> <p>lunch time [client #1] ate with his left hand. Ice pack still placed on his arm. Around 2:45 another staff noticed that his shoulder was swollen so staff pulled back his sleeve and noticed that it was swollen. Staff notified parents and manager and wrote in [client #1]'s log."</p> <p>-Statement from staff #1 dated 3-29-18 revealed: .."[Client #1] fell in the parking lot on the way to the building. When [client #1] fell he fell on his backpack and right arm. I ran to [client #1] ...looked him over for scratches and bruises. I checked his fingers and hands...When [client #1] stood up, he favored his right arm. He appeared to be in pain when he tried to walk...I grabbed the wheelchair. [Client #1] was brought inside the building...Staff looked at [client #1]'s hand and arm again. [Client #1] was still favoring his R (right) arm. No scratches or bruises was seen at this time. I called [QP/PD] and informed her that [client #1] had fallen and he was favoring his right arm. I also informed [QP/PD] he had no scrapes, cuts or bruises at this time. [QP/PD] suggested an ice pack from her office and to inform [AA]. A phone to the parents would be determined [(when [AA] wanted to) this line was crossed out]... [AA] walked into room 7 and I informed her the [client #1] had fallen and [QP/PD] has said to put on Icepak on it and I told her that [QP/PD] would call her. I looked at [client #1] arm and fingers again and tried to make him laugh but he was still favoring his right arm. I then started to write my incident and injury report. I also wrote in [client #1]'s communication log to his mother."</p> <p>A Review on 4-30-18 Client #1's communication log dated 3-28-18 revealed: -Staff #1 documented: "This morning walking towards the building [client #1] fell with his walker. Staff assisted [client #1] getting off the walker. While he was still on the ground I checked his</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 7</p> <p>arm for cuts or bruises. I noticed a scrape or two under his right elbow. [Client #1] favored his right arm. He moved it but whinned when I attempted to move it. A ice pak was placed under his elbow and [QP/PD] was notified."</p> <p>-Staff #2 documented: "[Client #1] did not do much today because he was in pain from this morning. He wasn't walking or using his right arm at all. he used his left arm to eat. He did not have his normal appetite also. Can you send his wheelchair tomorrow thx (thanks) [staff #2]. P.s Just noticed his right shoulder is really swollen. Staff said it wasn't swollen earlier. I also tried to get [client #1] to go to the rest room but he was in so much pain not to go."</p> <p>Review on 5-1-18 of the facility's Incident Reporting Policy and Procedures revealed: -"Incident debriefing/follow up report and investigations...Notification about the incident will be made to the Care Coordinator, team members, guardian and/or other personnel as required..."</p> <p>Review on 5-1-18 of an email dated 4-2-18 sent to client #1's mother/guardian revealed: -"since the incident, the team and myself was discussing potential protocols for our individuals...we discussed putting fall protocol in his crisis plan..."</p> <p>Review on 5-1-18 of undated memo regarding client #1 and other clients with mobility issues revealed: -"Unloading the van: Driver will honk horn, staff will come out of the building to help...staff walk side by side..."</p> <p>-During the client's ISP (Individual Support Plan), putting a fall protocol in his plan "...trips/falls, notifying the family...parents' permission for an</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 8</p> <p>upper body check...notify management immediately for any injury reports."</p> <p>"Management will always have a printed contact information sheet...management will contact the guardian/provider."</p> <p>Interview on 5-1-18 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She was driving the van for pick up that day. -She stepped away from client #1 to retrieve an item left on the van. -Client #1 was carrying his back pack and fell backwards landing on his backpack. -She checked him and found no injuries, but he couldn't so she got the wheelchair to get him into the building. -I called [QP/PD], she suggested an ice pack and she said she would let [AA] know." -The ice pack was for his shoulder because he was favoring his right arm -I did an incident report and put it in the book." -When she completed the incident report, she placed it in the box for the QP/PD to look at. -She didn't know when someone would have read the incident report. -I left about 8:40, I don't recall [QP/PD] telling me to call the guardian." -I have called the guardian before. It is normally management's job to call. The only time is when they weren't there. [QP/PD] said she was going to talk to [AA]. I thought one of them was going to call the guardian." -The procedure now is that they still call management and they also notify the QP/PD again if there is no response from the guardian. They also have to double check to make sure the guardian was called. <p>Interview on 5-1-18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -He worked with client #1 that day, but he had 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 9</p> <p>not been there when he fell.</p> <p>- "I overheard that [client #1] fell."</p> <p>- "I wondered what was going on. He wasn't using his right arm."</p> <p>- "They told me he fell."</p> <p>- "He was using his left hand for lunch, he tried to use his right hand, but he was in so much pain."</p> <p>- I went to the management (AA) and told her. She told me to try to use his left hand or to feed him."</p> <p>- "I assumed once I reported it, the parents would be notified."</p> <p>- "[AA] said she was going to call mom as soon as I told her (around 12:00)."</p> <p>- Since the incident they had a staff meeting to put new protocols in place such as always have two people when loading and unloading the van, not just for client #1, but for everyone.</p> <p>- The management makes sure the guardian is notified</p> <p>- "Now, I would ask if I could call (the guardian) myself. This is what we talked about."</p> <p>Interview on 5-1-18 with the Administrative Assistant (AA) revealed:</p> <p>- She got to the facility between 8:00-8:15 as staff #1 told her that client #1 had fallen and she (staff #1) had just gotten off the phone with the QP/PD.</p> <p>- She then talked to the QP/PD and was told that staff #1 had been instructed to call the guardian and to use an ice pack on the client's arm.</p> <p>- The staff did check client #1 for scrapes and cuts.</p> <p>- She asked staff that was working with him to monitor him.</p> <p>- She was told that he was using his right arm that day, but was favoring it.</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 10</p> <p>-At approximately 2:45 staff asked her to come look at client #1's arm because it was swollen.</p> <p>-She immediately called the mother/guardian and left a message, she also called the QP/PD</p> <p>-Since she couldn't get in touch with the mother, she instructed the van driver to tell the mother to call me.</p> <p>-I knew he had fallen but when I looked at him at 3:45, it was swollen."</p> <p>-The mother called the QP/Program Director when client #1 got home.</p> <p>-Since that incident they had a staff meeting to improve communication and follow through.</p> <p>-They are going to do a refresher on incident reporting and also put a system for body checks in place.</p> <p>-She is now the designated person to call guardians if the QP/PD is away from the building.</p> <p>Interview on 5-1-18 with staff #3 revealed:</p> <p>-She was in the same group as client #1 that day.</p> <p>-She had been told that he had fallen that morning.</p> <p>-Client #1 could not use his arm.</p> <p>-I said, 'go get [AA],' I told her he can't use his arm."</p> <p>-"[AA] said they had contacted his people and he would be leaving soon (this was after lunch)."</p> <p>-I didn't check his arm, staff told me it had already been checked."</p> <p>-Later they could tell his arm was swollen.</p> <p>-Maybe that was when I went to get [AA]."</p> <p>(This was after 3:00)</p> <p>-Staff #3 could not remember when the AA was notified that client #1's arm was swollen.</p> <p>-Now they make sure the QP/Program Director calls the guardian anytime there is an incident..</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 11</p> <p>Interview on 4-30-18 with the Care Coordinator for client #1 revealed:</p> <ul style="list-style-type: none"> -No one called her when client #1 fell. -The facility is supposed to call both her and the guardian, but neither was called. <p>Interview on 4-30-18 with client #1's mother/guardian revealed:</p> <ul style="list-style-type: none"> -"From what I understand, he fell about 7:50 am." -She didn't know anything about the fall until the driver that brings him home asked her to get his wheelchair, told her that he fell, and that his right arm was swollen. -I checked my phone and they had called at 3:05 and the message just said to call them." (Lifespan) -She put him in wheelchair and he fell asleep, which was very unusual for him. -She then called the QP/PD who told her what had happened that day. -She told the QP/PD that she was taking client #1 to the emergency room and she thought his arm was broken. -"They didn't attempt to call me, I would have expected multiple calls." -She didn't know that client #1 was carrying his own backpack and that may have contributed to his fall. -"We just don't understand why there was no contact." -Client #1 had a very high pain tolerance. -Client #1 was a fall risk, but had not fallen at the facility before, except he would drop to his knees when he didn't want to walk anymore. -The family always stays within arm's length to grab him if needed. -The facility has let them know before when he has fallen, but it was nothing major. 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 12</p> <p>"Sometimes against the wall in the bathroom." -He has had his walker since he was young. -Client #1 developed pneumonia and was in the hospital for 9 days. -They felt it was fall related, but could not definitively say how. -When the van driver brings him home, the driver never moves away from client #1 until she is by his side. -The morning driver usually doesn't get out of the van, client #1 gets on the van with her supervising him. -The QP/PD sent her an email about things they were going to do in the future to ensure this wouldn't happen again, but she was not sending her son back to the program.</p> <p>Attempted interview with client #1 on 4-30-18 was unsuccessful due to client #1 being non-verbal and unwilling to communicate.</p> <p>Interview on 5-1-18 with the Compliance Director revealed: -There were several things put into place so the situation would not happen again with any client. -She will be contacting the guardian herself, and if she is not there, the AA will be doing it. -The QP/PD had told staff #1 to call the guardian, but staff #1 thought that the AA had done it.</p> <p>Interview on 5-1-18 and 5-3-18 with the QP/PD revealed: -She was not at the facility the day of the incident. -Staff #1 called her and told her that client #1 had fallen. -Staff #1 told her that she had looked over client #1 and there was no swelling, bruising, etc.</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	Continued From page 13 - "I told her to call the guardian or have [AA] to call. She assumed because I talked to [AA] that day, she (AA) called." - "I told [AA] to keep an eye on him and told her about the ice pack." - The ice pack was to prevent swelling if needed. - "The next time I heard, [AA] text me around 3:00. I didn't see it until 4:00." - "[AA] said client #1's shoulder was swollen." - "I called and left mom message." - "Mom sent a text at 4:00, I called her and that was the first I knew she hadn't been called." (When the incident happened.) - "I told [staff #1] directly to call or tell [AA] to call." - "[Staff #2] could have called himself." (The guardian) - Poor communication was part of the problem in this case. - She did not see the incident reports until she got back to her office. - She was unaware of what the communication logs said about client #1 being in pain. - "That's a clue that something is wrong." When she was reading the communication logs. - She has given supervision to both staff involved. - "The expectation is to notify the guardian, I said to call mom." - When she talked to staff #2, he did not mention notifying the AA that client #1 was in pain, until the end of the day. - They could have taken the client to the doctor if that is what the mother wanted - They do have permission to get emergency medical treatment, but they still usually get in contact with the guardian first, unless it is a situation they would have to call 911.	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Staff should have been more diligent in monitoring the client. -Someone should have called the mother again, since the client was still there, since they thought she had been notified. -They have talked about several more things to put in place, such as fall protocols and new protocols when clients were getting on and off the van. <p>This deficiency constitutes a re-cited deficiency.</p> <p>Plan of protection dated 5-4-18 and signed by the Qualified Professional/Program Director reviewed 5-4-18 revealed:</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"a. For any incident's that should and/or will occur Staff will contact Management & guardian immediately.</p> <p>b. Management will contact the guardian personally to inform of incident.</p> <p>c. If management is not present, staff will notify back up management and the guardian will be contacted.</p> <p>d. Management will follow up with Program (if management is off site) for updates.</p> <p>e. Guardian will be contacted and be provided with updates.</p> <p>f. Communication will be place on Professional Contact log, and a copy will be kept at the facility.</p> <p>g. Trainer will complete Health & Safety of Transporting and Transitioning individuals.</p> <p>h. Management will implement and review Incident/Injury Report Training Policy</p> <ul style="list-style-type: none"> i. What are incidents ii. Who and When to contact the guardian iii. Symptom review 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	<p>Continued From page 15</p> <p>iv. When to seek medical attention</p> <ol style="list-style-type: none"> 1. When to call 911 2. When to contact the guardian 3. When it's safe to transition the individual <p>i. Discussing Fall Preventions and/or Medical Symptoms to add to Crisis and/or in the body of the Individual Specific Plan during meeting.</p> <p>j. Management will have a refresher on where to find Medical Emergency Contact on all Individuals.</p> <p>k. Each staff will provide be provided supervision notebooks to take notes during any training and/or supervision to decrease any miscommunications."</p> <p>Describe your plans to make sure the above happens.</p> <p>"a. We have a mandatory Staff Meeting Schedule for May 8th at 12 pm for all staff</p> <p>b. All staff must attend the Mandatory Trainings discussed above</p> <p>c. Policy will be implemented on contacting the guardian</p> <p>d. Management will include conversation with guardian on the debriefing portion of the Incident Reporting Form</p> <p>e. Supervision has already been provided to the staff involved in the incident</p> <p>f. Include and discuss symptoms and/or preventions in ISP meetings."</p> <p>Summary statement</p> <p>Client #1 fell as he was arriving at the facility for the day (approximately 7:50 am). Staff #1 did an incident report but did not adequately communicate client #1 being in pain. Staff #1 was instructed to contact the guardian or ask the</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN-UNION COUNTY		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD MONROE, NC 28112		
(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 110	Continued From page 16 Administrative Assistant to do so. Staff #1 did neither, instead assuming the administrative assistant had done it. Staff #1 then left for the day. Staff #2 worked with client throughout the day and could see that client #1 was in pain and unable to use his right arm. Staff #2 did not reach out to either the guardian or the Qualified Professional/Program Director until the end of the day when client #1's arm was significantly swollen. Client #1 remained at the facility the entire day with a broken arm and in pain. Client #1's guardian was not notified until the end of the day, by the van driver dropping off her son at home for the day. This deficiency constitutes a type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of 3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of 500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 110		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 31, 2018

Ms. Robin Devore, Vice-President of Corporate Compliance and Program Operations
Lifespan Incorporated
1511 Shopton Road
Charlotte, NC 28217

DHSR - Mental Health

JUN 21 2018

Lic. & Cert. Section

Re: Complaint and follow up Survey completed 5-10-18
Lifespan-Union County, 1918 E. Roosevelt Blvd. Monroe, NC 28119
MHL # 090-085
E-mail Address: rdevore@lifespanservices.org
Intake #NC00137480

Dear Ms. Devore:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed 5-10-18. The complaint was substantiated.

As a result of the follow up survey, it was determined that all some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27G Competencies and Supervision of Paraprofessionals (V110).

Time Frames for Compliance

- Type A1 violations must be **corrected** within 23 days from the exit date of the survey, which is 6-2-18. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Lifespan Incorporated for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701

www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File