

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl064-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/31/2018
--	--	--	--

NAME OF PROVIDER OR SUPPLIER
CAROLINA BLUE WATERS

STREET ADDRESS, CITY, STATE, ZIP CODE
**130 JONES ROAD
ROCKY MOUNT, NC 27804**

(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 An annual and complaint survey was completed on 7/31/18. The complaint was substantiated Intake #NC00140179. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 1200 Psychosocial Rehabilitation	V 000		
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	In the Lechris Personal Manuals under the Supervision policy it outlines how supervision is carried out under the chain of command and how it is define under 10A NCAC 27G. 0104. Supervision (clinical and/or administrative) 3.5 This is provided by the employee's direct supervisor and is available at the request of the employee or at the request of the supervisor. All Paraprofessional and Associate Professional (as defined under 10A NCAC 27G .0104) employees providing direct client services are required to receive Clinical supervision on a monthly basis by a qualified professional, except for IDD staff as noted in implementation update #51 – clinical supervision of a paraprofessional is carried out by a QP or an AP unless otherwise specified by the requirements in the service definition Any concerns or ongoing issues that need to be monitored, as well as any positive remarks, shall be documented on the Le'Chris "Employee Counseling Form." When an employee has a concern, it should be addressed with the employee's direct supervisor. All grievances should follow the formal grievance policy as noted in this manual.	8/8/18

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

TITLE

(X6) DATE

RECEIVED

AUG 10 2018

DHSR-MH Licensure Sect

1085

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl064-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CAROLINA BLUE WATERS	STREET ADDRESS, CITY, STATE, ZIP CODE 130 JONES ROAD ROCKY MOUNT, NC 27804
---	--

(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>This Rule is not met as evidenced by: Based on record observations, review and interview the facility failed to ensure one of four staff (#2) demonstrated the knowledge and skills required by the population served. The findings are:</p> <p>Observation on 7/30/18 at approximately 11:11am the women's bathroom did not have any toilet tissue or paper towels</p> <p>During interview on 7/30/18 client #3 reported:</p> <ul style="list-style-type: none"> - clients have to roll off the amount of toilet tissue they needed prior to going into the restroom - staff handed the client a paper towel <p>During interview on 7/30/18 client #4 reported:</p> <ul style="list-style-type: none"> - clients were putting the whole roll of toilet tissue down the commode - clients now have to roll off the amount of toilet tissue they needed prior to going to the restroom - staff handed clients a paper towel <p>During interview on 7/30/18 staff #1 reported:</p> <ul style="list-style-type: none"> - she started at the end of April 2018 - clients were flushing rolls of toilet tissue down the commode - clients have to come to her office to get toilet tissue and paper towels - she was not in agreeance with toilet tissue and paper towels not being in the restrooms - this was already in place prior to her being hired 	V 110	<p>It was brought to the attention of the Facility Director and the Director of Operations on the date of the annual and complaint survey that a PP staff had made the decision on her own that she would monitor the use of toilet paper so that the toilets would not become clogged. As soon as the surveyor left a meeting was held to discuss</p> <ol style="list-style-type: none"> 1. Chain of Command 2. Why staff cannot just decide to make a rule up for their convenience. How their decision was not in line with the philosophy that Lechris holds in not doing anything that would be degrading or embarrassing to any client. 3. It was made very clear that toilet tissue and paper towels are to be in the client bathrooms at all time. 4. Monitoring and scheduling, smoke breaks and staff walking with clients to the store <p>Toilet tissue was placed in the bathrooms before the surveyor left the building.</p> <p>Attachments:</p> <ol style="list-style-type: none"> 1. Sign in sheet for the meeting to review rules. 2. Agenda to the meeting. 3. Staff supervision plan demonstrating that Lechris recognizes and understands rules of supervision for PP, AP, QP but staff decided that she would make the decision and not follow the chain of command and supervision rules. 4. Counseling form 	7/31/18 Ongoing/ monitoring

Division of Health Service Regulation

<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to ensure supervision was provided. The findings are:</p> <p>Review on 7/30/18 revealed the following:</p> <p>client's current census revealed 47 clients</p> <p>28 clients had signed in for 7/30/18</p> <p>3 staff on site Observation on 7/30/18 at 10:36am revealed the following:</p> <p>a client walking in front of the office part of the Psychosocial Rehabilitation (PSR the client portion of the PSR was in the back of the building there was no staff with the client</p> <p>Observation on 7/30/18 (Monday) between 11:26am - 11:38am revealed the following:</p> <p>-clients walk in and out of the PSR</p> <p>-surveyor counted 11 people outside in the smoking area without staff</p> <p>-staff #1 was at a table in the PSR program doing paperwork</p> <p>-staff #2 was in the kitchen area preparing lunch</p>	<p>V 110</p>	<p>It is also the policy of Lechris to follow Psychosocial Rehabilitation services provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the MCO.</p> <p>Staffing Requirements</p> <p>The program shall be under the direction of a person who meets the requirements specified for QP status according to 10A NCAC 27G .0104. The QP is responsible for supervision of other program staff which may include APs and Paraprofessionals who meet the requirements according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required by the population and age to be served.</p> <p>Although the PSR CBW (Carolina Blue Waters) has 47 clients enrolled in CBW they are scheduled to come on certain times. Medicaid transportation only transports on Monday, Wed. and Fridays. Also some of the clients are only authorized to come one or two days a week.</p> <p>Carolina Blue Waters PSR had recently had their Coordinator resign with only a two week notice. Their Facility Director who is trained and experienced in PSR. was out for training so they were short staff. Since this date the director has been in the process of hiring another QP Shantia Brooks and has staff that works in the Peer Support Program that will be trained as back up staff for PSR.</p> <p>Staff was retrained on rules of accompanying client to the store and break times. This training occurred right after surveyor left the building and Director of Operations set in with the staff while they informed the clients of the scheduled breaks and walking to the store rules. All clients acknowledge that they understood these rules.</p>	<p>8/17/18 Ongoing/P monitoring for staff ratio</p>
	<p>V 115</p>		

Division of Health Service Regulation

<p>-the Qualified Professional (QP) was in his office with some people</p> <p>During interview on 7/30/18 the Director of Operations reported:</p> <ul style="list-style-type: none">- all smoke breaks are monitored by staff- if clients are outside, staff should be with them or within visual contact- if clients walk to the local store, local pizza shop...staff should be with them <p>During interview on 7/30/18 client #3 reported:</p> <p>-he was able to walk to the local pizza shop without staff</p> <p>-staff do not have to be outside during breaks</p> <p>During interview on 7/30/18 client #4 reported:</p> <p>-clients can go outside to smoking area without staff</p> <p>During interview on 7/30/18 client #5 reported:</p> <p>-she was able to walk to the local store without staff</p> <ul style="list-style-type: none">- staff was not outside during breaks- she sat on her male friend lap today during break and somebody "snitched" staff came outside during that time <p>During interview on 7/30/18 staff #1 reported:</p> <p>-clients can go outside without staff if it's a 30 minute break she checked on them at least twice</p> <ul style="list-style-type: none">- clients are able to walk to the local areas without staff it clients have to notify staff of their whereabouts- they do not have to sign in and out unless they are physically leaving for that day- Mondays are paperwork day, if it wasn't for that she would walk with them the QP had intakes today <p>During interview on 7/30/18 staff #2 reported:</p> <p>-it was not in writing that staff had to check on clients if clients went to the local store, pizza shop...she tried to stand at the door to keep a visual eye contact staff was not outside during breaks but tried to check on them</p> <p>During interview on 7/30/18 the QP reported:</p> <p>clients knew during break it was a section they must remain in if they are on a 15 minute break then staff would check on them at least twice</p> <p>if they wanted to walk to the local store, pizza shop or "[cigarette shop]" they must notify staff of their whereabouts sometimes he walked with them if he was</p>			
---	--	--	--

4065

Division of Health Service Regulation

<p>not doing paperwork</p> <p>During interview on 7/30/18 the Director of Operations reported: she supervised the Directors of the program the Director monitored the PSR program and informed her of any concerns she made some pop-up visits to the PSR clients are defiantly not supposed to be walking unsupervised</p> <p>27G .1202 Psychosocial Rehab - Staff 10A NCAC 27G .1202 STAFF</p> <p>(a) Each facility shall have a designated program director.</p> <p>(b) A minimum of one staff member on-site to each eight or fewer clients in average daily attendance shall be maintained.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to ensure a minimum of one staff member was on site to each eight or fewer clients in average daily attendance. The findings are:</p> <p>Review on 7/30/18 revealed the following:</p> <ul style="list-style-type: none"> - client's current census revealed 47 clients - 28 clients had signed in for 7/30/18 - 3 staff on site <p>Observation on 7/30/18 between 11:26am - 11:38am revealed the following:</p> <ul style="list-style-type: none"> - clients walk in and out of the PSR (psychosocial rehabilitation) - surveyor counted 11 people outside in the smoking area without staff #1 was at a table in the PSR program doing paperwork staff #2 was in the kitchen area preparing lunch the Qualified Professional (QP) was in his office with some people <p>Observation on 7/30/18 revealed the following:</p> <ul style="list-style-type: none"> - 12:20pm the fire trucks arrive at the facility - 2:20pm the police arrive at the facility <p>During interview on 7/30/18 the Director of Operations reported: fire trucks were at the facility due to a client having chest pains the police arrival was due to the fact a client alleged their cell phone was stolen normally there were 4 staff on duty the Director was in a 2 day training (7/30/18- 7/31/18) there was never full client attendance at the program she was in the process of hiring another Qualified Professional and paraprofessional.</p>			
---	--	--	--

5085

Staff Meeting 7/31/18

1. Chain of Command- Why it is important to follow "Chain of Command"
 - a. Understanding that staff cannot make up rules that make their job easier. Refer to policy and procedures with your supervisor
 - b. Always put yourself in the position of the client when working with them. How would you want to be treated?
2. Why staff cannot just decide to make a rule up for their convenience. How their decision was not in line with the philosophy that LeChris holds in not doing anything that would be degrading or embarrassing to any client.
3. It was made very clear that toilet tissue and paper towels are to be in the client bathrooms at all times.
4. Monitoring and scheduling, smoke breaks and staff walking with clients to the store. Staff is to have made a schedule for client by the clients morning meeting



CLINICAL SUPERVISION PLAN

Employee Name: [REDACTED] Service/Position (AP/PP/QP/Licensed): PSR Mentor

This is (check one): 1st Plan Update Annual Effective Dates: (cannot exceed 12 months) 08/01/2017 to 08/01/2018

Date of Hire (for the position in question): 01/16/2001 Type of Supervision: N/A Group Individual
 Frequency of Supervision: 1 /month N/A (only as needed)

CLINICAL SUPERVISION = N/A for ADMINISTRATIVE STAFF, PROFESSIONAL/LICENSED STAFF OR QPs unless specified by the SERVICE DEFINITION for the position in question (example, All IIH, CST and ACT team members will need min 1 x/month of clinical supervision). REMEMBER: All APs and PPs providing direct care are required to receive minimum of monthly clinical supervision

Supervisor to review core skills listed below upon hire & annually thereafter to identify areas for follow-up during clinical supervision and/or recommend any additional training.

Core Skill	Review Process	Goals/Recommendations for follow-up during Supervision (must develop at least 2 individual goals - MUST be STATED in the INDIVIDUAL/GROUP LOG)
I-Technical Knowledge	<input checked="" type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	Belinda Continues to demonstrate Knowledge of Service definition and Medicaid and State Guidelines and assist clients in achieving their goals.
II -Cultural Awareness	<input checked="" type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	Belinda has and will complete annual cultural awareness training and will continue to teach and show awareness and respect diversities.
III -Analytical Skills	<input checked="" type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	Belinda has and will continue to demonstrate knowledge of Person Centered Goals, Interventions, Matching Techniques and assist clients in achieving
IV-Interpersonal Skills	<input type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	
V-Communication Skills	<input type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	
VI-Clinical Skills	<input checked="" type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	Belinda will Demonstrate Ability to Provide interventions and guidance, and seek any training to Increase her Knowledge and Education in Mental Health
VII-Decision Making	<input type="checkbox"/> Past Experience <input type="checkbox"/> College Coursework <input type="checkbox"/> References reflect <input type="checkbox"/> Displayed at interview	

Use this space for any additional areas /goals to be addressed during CLINICAL Supervision:

Employee Signature and Date: [REDACTED]
Debra Trius Thompson BSW-QP
 Print Name/Title of Immediate Supervisor

Debra Trius Thompson BSW-QP
 Signature of Immediate Supervisor

8/1/17
 Date

Print Name /Title of Clinical Supervisor

Signature of Clinical Supervisor

Date

Clinical Director for Le'Chris (when applicable)

Signature of Clinical Director (as applicable)

Date



CLINICAL PRIVILEGING CONTRACT

Name: [Redacted] Date: 8 / 12 / 09

Position: PSR Mentor Updated: 1 / 1

Reviewed By: _____

Educational Background - HS Diploma, College Diploma/Transcript, Licensure: H.S. Diploma
June 8, 1968 LPN - 11/20/69

Employment Background - Years experience in human service field: 5 years

- The above individual's credentials have been reviewed and he/she meets the criteria for:
- Licensed Professional (list license) _____
 - Qualified Professional in (list areas) _____
 - Associate Professional _____
 - Paraprofessional _____

	Full Privilege	Supervision	No Privilege
Community Supports	_____	_____	_____
CAP	_____	_____	_____
CAP Home & Community Supports	_____	_____	_____
Personal Care	_____	_____	_____
Enhanced Personal Care	_____	_____	_____
Respite	_____	_____	_____
Enhanced Respite	_____	_____	_____
Day Supports	_____	_____	_____
Residential Supports	_____	_____	_____
Crisis Stabilization	_____	_____	_____
Supported Employment	_____	_____	_____
Consultative Services	_____	_____	_____
Therapy (Individual/Family/Group)	_____	_____	_____
Diagnostic Assessment	_____	_____	_____
Intensive In-Home Services	_____	_____	_____
Psychosocial Rehabilitation	_____	_____	_____
Developmental Therapy	_____	<u>X</u>	_____
Other: _____	_____	_____	_____

Signature of Employee: [Redacted] Date: 8 / 12 / 09

Signature of Certifier: [Redacted] Date: 8 / 12 / 09



EMPLOYEE COUNSELING FORM

Employee Name: [REDACTED]	Supervisor: [REDACTED]
Office: Rmt.	Date of Action: Aug. 8, 2018

Disciplinary Level - Check the appropriate box:

Verbal Counseling / Warning

Written Reprimand

Final/2nd Written Reprimand In Lieu of Suspension

Suspension Without Pay

Dismissal

Staff is expected to perform all job duties efficiently and accurately on a consistent and on-going basis

Prior Notifications (if applicable): N/A

Level of Discipline	Date	Reason
Verbal Counseling /Warning	8/8/18	Belinda decided to limit use of toilet paper for clients. The client had to ask for toilet paper and walk across the room with the paper. Staff needs to report to supervisor any changes that she feels need to be made
Written Reprimand		
Suspension or Final/ 2nd Warning in Lieu of Suspension		

Incident Description and Supporting Details. (Outline details of what occurred to include time, place, date(s), as well as impact on the office and Le'Chris.)



EMPLOYEE COUNSELING FORM

Actions Necessary to Bring about Improvement: (list expectations with any specific directions or training that may be applicable.)

Your performance in the following area(s) is expected to improve *immediately*. Failure to show immediate improvement in your job performance and/or any future violation of Le'Chris policies will subject you to further disciplinary action, up to and including discharge.

Suspension (MARK "N/A" if this section not applicable) N/A

You are placed on suspension with/ without pay for ____ working day(s) effective on the date of receipt of this Corrective Action notice. In addition, you will:

Dismissal (MARK "N/A" if this section not applicable) N/A

Your employment with the Le'Chris is being terminated effective immediately.

Employee's Comments (use additional sheets as necessary)

Employee Acknowledgment:

I have received a copy of this notification. It has been explained to me, and I have been advised to take the time to read it before I sign it. My signature acknowledges receipt of the notification, but not necessarily agreement with the statements made in it.

Supervisor's Signature

Date

Employee Signature

Date

If employee refuses to sign:

Witness

Date