

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2018	
NAME OF PROVIDER OR SUPPLIER PARADIGM, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834		
(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	<p>INITIAL COMMENTS</p> <p>An annual, follow up, and complaint survey was completed on July 27, 2018. The complaint was substantiated. (Intake #NC00140824). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">AUG 24 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Jason P. Barrett, CEO

8/21/2018

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

TITLE

(X6) DATE

STATE FORM

6899

TU1V11

If continuation sheet 1 of 52

6899

TU1V11

If continuation sheet 2 of 56

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MHL074-136

B. WING _____

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V 108	<p>Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to provide training to meet the needs of the client for 4 of 4 direct care staff audited (Staff #2, Staff #3, Staff #9, Group Home Manager). The findings are:</p> <p>Review on 7/25/18 of Staff #2's personnel record revealed: -Hire date was 6/24/09. -Position, Direct Care Staff. -No documentation of training on care and maintenance of CPAP (Continuous Positive Airway Pressure) equipment.</p> <p>Review on 7/25/18 of Staff #3's personnel record revealed: -Hire date was 3/2009. -Position, Direct Care Staff. -No documentation of training on care and maintenance of CPAP equipment.</p> <p>Review on 7/25/18 of Staff #9's personnel record revealed: -Hire date was 1/8/16. -Position, Direct Care Staff. -No documentation of training on care and maintenance of CPAP equipment.</p> <p>Review on 7/27/18 of the Group Home Manager's personnel record revealed: -Hire date was 8/17/04.</p>	V 108	<p>Paradigm provided in-service and training on the proper use and cleaning of the CPAP machine and overall care and maintenance of the equipment. This training included:</p> <ul style="list-style-type: none"> - What kind of water to use - Cleaning of mask - Cleaning of water reservoir and tubing - Deep cleaning water basin monthly - How to fit and adjust the mask - Ability to demonstrate the above 	8/17/2018

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V 108	<p>Continued From page 2</p> <p>-No documentation of training on care and maintenance of CPAP equipment.</p> <p>Review on 7/26/18 of client #2's record revealed: -27 year old male admitted 5/23/14. - Diagnosis included intellectual disability, moderate mental retardation; obesity; constipation, gastroesophageal reflux disease (GERD); hypertension; hypercholesterolemia; diabetes; allergies; sleep apnea; explosive disorder; oppositional defiant disorder (ODD); mood disorder, not otherwise specified. -FL 2 dated 1/30/18, CPAP at 8pm.</p> <p>Observations on 7/26/18 at 10:48 am revealed: -CPAP machine on client #2's bedside table. - Plastic tubing with mask attached; tubing attached and curled around the CPAP machine. Droplets of moisture visible inside the tubing. - Water visible inside the water chamber.</p> <p>Interview on 7/26/18 the Group Home Manager stated: -The staff had not received any instruction about the CPAP machine. -There were no written instructions or procedures for cleaning and maintaining client #2's CPAP equipment. -Client #2 received his machine around April of 2018; it was "fairly new." -She was not aware of any filters that would need to be changed. -The night staff added water each night to the "max" line using regular water from the faucet. - Staff would inspect the mask and tubing, and if they saw saliva or anything in the hoses they would clean the equipment.</p>	V 108		

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V 109	Continued From page 3	V 109		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills; (6) communication skills; and (7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, 1 of 1 professional staff audited failed to demonstrate knowledge, skills and abilities required by the population served (Qualified Professional). The findings are:</p> <p>Review on 7/27/18 of the Qualified Professional's (QP) personnel file revealed: -Hired on 7/1/06. -Bachelors degree, Psychology Major 7/13/04. - Completed NCI (North Carolina Interventions) A & B on 2/1/18. -Completed American Heart Association CPR (Cardiopulmonary Resuscitation) and First Aid training on 1/13/18.</p> <p>Review on 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, Autism Spectrum. -Client #5's service plan dated 4/25/18 read, "... [Client #5] requires support to be healthy and ensure that she is in the best mental health and physical health... How (Support/Intervention)... Staff should be aware of when to contact any of her doctors when she has ongoing behaviors of symptoms related to any health issues that may need to be addressed immediately." -Client #5's service plan dated 4/25/18 read, "...there have been times in the past where [client #5] has been assaultive to others and may require the use of NCI (North Carolina Interventions)...to be used as an absolute last resort." -2 incident reports dated 7/5/18 and one dated</p>	V 109	<p>In-service provided by Paradigm's Clinical director to the QP's concerning submission of level 2 and 3 incidents as well as all reporting requirements according to state rules and policies of Paradigm. Including:</p> <ul style="list-style-type: none"> - What constitutes a level 2 and level 3 incident; - Timelines for submission - Who and when to inform others - Documentation of evaluation by QP's at time of incident - Documentation and evaluation by MD when injuries sustained to ensure person is medically cleared. - When to report to the Health Care Personnel Registry and how to do so (to include when allegations are made against the facility and/or staff persons) - Review of Paradigm's Policy and Procedure for how to Conduct an Internal Investigation. <p>Staff (QP's and Paraprofessionals) received training through NC-START on crisis intervention and prevention and response. Including:</p> <ul style="list-style-type: none"> - how to implement strategies for managing persons experiencing a difficult life transition - When to seek additional professional assistance outside the agency to ensure the individual's health and safety. (i.e. When to call 911, when to get MD evaluation due to assaultive or self-injurious behaviors, etc.) 	8/14/2018
		V 109		8/10/2018

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			Training provided by Paradigm's Clinical Director to paraprofessionals on the Autism Spectrum Disorders.	8/15/2018
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<p>V 109</p>	<p>Continued From page 5</p> <p>7/8/18 for client #5's repeated self-injurious behaviors of hitting her head, her eyes, and biting her arms. These behaviors resulted in injuries to her eyes, bite wounds, and bruises to her arms. - No documentation client #5 was seen/evaluated by a physician for injuries sustained on 7/5/18 or 7/8/18 from self-injurious behaviors. -Not evaluated by a physician for behaviors until 7/12/18. -No documentation the QP went to the facility on 7/5/18 or 7/8/18 to evaluate client #5 for behaviors or injuries.</p> <p>Review on 7/25/18 of client #5's Level 1 incident reports dated 7/5/18 at 3:45 pm and 8:12 pm revealed: -"[Client #5] was upset after seeing someone that she use to live with at the home. [Client #5] thought she was leaving the group home." - "[Client #5] started screaming, biting herself on the lower arm and beating herself in the face." -Client #5 "... bruised her left eye ..." -(8:12 pm report) "[Client #5] would calm down, but after a few mins (minutes) passed, she would begin to act out again. [Client #5] was given 2 Trazadone pills to help her calm down and fall asleep."</p> <p>Observations on 7/27/18 at approximately 3:00PM of client #5's photographs dated 7/6/18 revealed: -Client #5's eyes appeared swollen with purple discoloration surrounding the left eye and a small red mark below the right eye. -Client #5's inner aspect of the left forearm showed a red and purple discoloration, with purple areas noted on the left forearm and left wrist areas. -Client #5's right wrist and right upper hand showed areas of red and purple discoloration.</p>	<p>V 109</p>		
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<p>V 109</p>	<p>Continued From page 6</p> <p>Telephone interview on 7/27/18, client #5's Guardian stated: -Client #5 was trying to adjust to the group home. On 7/5/18 the AFL provider went to the facility and this triggered client #5's behaviors. -Client #5 had a history of self-injurious behaviors but not to the extent, or as extreme as her behaviors on 7/5/18. -Another social worker had seen client #5 on 7/6/18 in response to a call to Adult Protective Services. -She (Guardian) made a follow up visit on 7/9/18. Client #5 had 2 black eyes and bruises on both arms. -There was a team meeting via telephone on 5/15/18 to discuss client #5's transition from the AFL. -The initial plan was to transition client #5 to another AFL but that "fell through." The decision was made to place her in the group home. - Client #5 had been in at least 2 group homes during prior guardianship by another county. She had "issues" in the group home settings and one had discharged her. -Since she had been her guardian, she had been in 2 AFL's prior to the most recent unlicensed AFL. She had been moved to the unlicensed AFL because there was another client in the prior AFL and client #5 needed more attention.</p> <p>Telephone interview on 7/26/18, client #5's Case Coordinator stated: -She had worked with client #5 "for years." - Everything was going well with client #5 in the unlicensed AFL until the funding was cut and the AFL decided to no longer support client #5. -In her experience with client #5 she had never done well in a group home residential setting. - Every time she has been admitted to a group</p>	<p>V 109</p>		
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V 109	<p>Continued From page 7 home behaviors started to occur.</p> <p>-There was a team meeting via telephone prior to client #5's move to the group home. At the meeting it was discussed that she had a history of not being successful in a group home.</p> <p>-During the team meeting "supported living" was discussed. She (Case Coordinator) did not agree with this option because client #5 did not meet criteria.</p> <p>-She (Case Coordinator) suggested another AFL. She informed the group that client #5 had never been successful living in a group home.</p> <p>-The team decided to "look into" supported living. When they realized client #5 did not meet criteria they sent an e-mail informing her that client #5 was being admitted to a group home.</p> <p>Interview on 7/26/18 the Group Home Manager (GHM) stated:</p> <p>-From admission and on 7/5/18 they were following client #5's plan dated 4/25/18. - They did not have the 7/15/18 plan or the attached crisis plan.</p> <p>-She was not aware at the beginning that client #5 could have self-injurious behaviors "at this level."</p> <p>-The Qualified Professional (QP) had discussions with staff, individually or in small groups, about client #5 before she was admitted. She was told client #5 was known to have a history of self-injurious behaviors, but not specifics.</p> <p>-On 7/5/18 client #5's behaviors started when she arrived at the group home and saw her former AFL parent at the facility.</p> <p>-She was called and told client #5 was making statements about the AFL parent and that she (client #5) did not want to be in the group home, she wanted to be with the AFL parent.</p> <p>-When client #5 realized the AFL parent had left the group home, her behaviors escalated, and</p>	V 109		
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<p>V 109</p>	<p>Continued From page 8 she began to hit herself. She would have periods of being calm, then behaviors would start all over.</p> <p>Interview on 7/25/18 the QP stated: -The facility followed the PCP last updated on 4/25/18. Client #5 was in an AFL owned by Paradigm, the licensee, so they continued with that plan until the new plan went into effect on 7/15/18. -Client #5 was happy at the AFL and they knew she would have difficulty with adjustment to the group home. -Client #5 knew she was going to a new home. She was there for 5 days before having an incident. -When asked if there were any strategies to address client #5's transition from the AFL to the group home, the QP stated, "Yes", they allowed the AFL provider to come on week-ends. -There were no strategies for staff to address any issues with transition to the group home. - Client #5 knew the group home staff and other resident from the day program and they thought this would help with transition. -Client #5 had a history of self-injurious behaviors. The last episode was in February 2018 when she slapped herself in the face and scratched herself. -There was an incident of self-injurious behaviors in 2017 similar to the incident on 7/5/18. She could not recall if client #5 was seen by a physician following that incident. -The 7/15/18 plan mentioned self-injurious behaviors, but she wanted it to include more specifics. She had contacted client #5's Care Coordinator about updating the plan but she had not heard back from her. -Staff called the Group Home Manager about client #5's behaviors and the Group Home Manager notified her.</p>	<p>V 109</p>		
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V 109	<p>Continued From page 9</p> <p>-She (QP) had been informed of all client #5's behavior incidents.</p> <p>-She saw client #5 on the Friday (7/6/18) after the self-injurious behaviors occurred on 7/5/18. - Client #5 had a bite mark on her left arm. Her left eye was purple "on the bottom." Client #5's cheeks were red.</p> <p>-When asked if client #5 had any bruises on arms, the QP stated, "I should have looked but did not."</p> <p>-Client #5's sister and a sheriff's deputy came to the group home on Friday, 7/6/18.</p> <p>-Based on "hear say," staff told her (QP) the police officer received a call from client #5 stating she had been assaulted. He then stated he talked with client #5 and she said she had done this to herself.</p> <p>-She knew allegations were to be reported as Level II incidents. This had not been done.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
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>	V 110		

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V 110	<p>Continued From page 10</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. (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 plan upon hiring each paraprofessional.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 3 of 4 paraprofessional staff audited failed to demonstrate knowledge, skills and abilities required by the population served (Group Home Manager, Staff #2, Staff #3). The findings are:</p> <p> </p> <p>Review on 7/25/18 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date was 6/24/09. -Position, Direct Care Staff. -Completed NCI (North Carolina Interventions) A & B on 11/1/17. -Completed American Heart Association CPR (Cardiopulmonary Resuscitation) and First Aid training on 1/13/17. -Completed Developmental Disabilities Training 	V 110	
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<p>V 110</p>	<p>Continued From page 11 on 3/15/18.</p> <p>Review on 7/25/18 of Staff #3's personnel record revealed: -Hire date was 3/2009. -Position, Direct Care Staff. -Completed NCI A & B on 2/1/18. -Completed American Safety & Health Institute CPR and First Aid training on 3/19/18. -Completed Developmental Disabilities Training on 3/19/18.</p> <p>Review on 7/27/18 of the Group Home Manager's personnel record revealed: -Hire date was 8/17/04. -Completed NCI A & B on 2/1/18. -Completed American Heart Association CPR and First Aid training on 5/1/17. -Completed Developmental Disabilities Training on 11/1/17.</p> <p>Review on 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, Autism Spectrum. -Client #5's Level 1 incident report dated 7/5/18 at 3:45 pm was written by Staff #2. Client #5 bit herself, beat herself in the face, causing a "bruised her left eye" and "bite marks on her lower right arm." Staff rendered first aid and notified the Group Home Manager. -Client #5's Level 1 incident report dated 7/5/18 at 8:12 pm was written by Staff #3. Client #5 hit herself numerous times, "constantly beat her head against the wall and her headboard...beat herself in the eye and face..." "[Client #5's] left eye was bruised... had bruising where she beat and bit herself." Staff rendered first aid and</p>	<p>V 110</p> <p>V 110</p>	<p>Staff (QP's and Paraprofessionals) received training through NC-START on crisis intervention and prevention and response. Including:</p> <ul style="list-style-type: none"> - how to implement strategies for managing persons experiencing a difficult life transition - When to seek additional professional assistance outside the agency to ensure the individual's health and safety. (i.e. When to call 911, when to get MD evaluation etc.) - When to report to the Health Care Personnel Registry and how to do so (to include when allegations are made against the facility and/or staff persons) - Review of Paradigm's Policy and Procedure for how to Conduct an Internal Investigation. <p>Training provided by Paradigm's Clinical Director to paraprofessionals on the Autism Spectrum Disorders.</p>	<p>8/10/2018</p> <p>8/15/2018</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/27/2018
NAME OF PROVIDER OR SUPPLIER PARADIGM, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834		
(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

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V 110	<p>Continued From page 12 notified the Group Home Manager.</p> <p>-Client #5's Level 1 incident report dated 7/8/18 at 12 pm was written by Staff #2. "[Client #5] started ... hitting herself in the face. [Client #5] ... hit herself in the eye and darkened it more, which staff continued to apply cold packs." The Group Home Manager was notified that client #5 hit herself in the face several times. The Group Home Manager instructed staff to continue to talk with client #5.</p> <p>-Client #5's service plan dated 4/25/18 read, "...there have been times in the past where [client #5] has been assaultive to others and may require the use of NCI (North Carolina Interventions)...to be used as an absolute last resort."</p> <p>-No documentation client #5 was seen/evaluated by a physician for injuries sustained on 7/5/18 or 7/8/18 from self-injurious behaviors.</p> <p>Interview on 7/24/18 Staff #2 stated:</p> <p>-Client #5 had hit herself in the face and bit herself on her arm. She did this when she got upset.</p> <p>-Client #5's behaviors happened on 7/5/18 around 3-4 pm when they got back from the Day Program. The self-injurious behaviors started at the Day Program and continued at the group home. She was doing multiple hits to her eye and gave herself a black eye.</p> <p>-When this happened staff tried to redirect and calm client #5 down. Eventually client #5 would stop, "I guess when she feels the pain."</p> <p>-Staff redirected her, put ice to the eye, cleaned wounds with hydrogen peroxide, and applied antibiotic cream.</p> <p>-Client #5 did not go to see a doctor.</p> <p>Interview on 7/24/18 the Group Home Manager stated:</p>	V 110		
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<p>V 110</p>	<p>Continued From page 13</p> <p>-There had been no client injuries in the past 90 days that required a Level 1 or Level 2 incident report.</p> <p>-There had been no restrictive interventions required in the past 90 days.</p> <p>Continued interview on 7/26/18 the Group Home Manager stated:</p> <p>-On 7/6/18 client #5's eye was not really dark, it was "fresh," meaning reddish in color and not swollen. Her arms had spots, bite marks, and scratches; more on the left arm but visible on both arms.</p> <p>-She did not remember being called on 7/8/18 by staff reporting client #5's self-injurious behaviors.</p> <p>-Client #5 only had a black eye on 1 side.</p> <p>Interview on 7/25/18 the Qualified Professional stated she provided training on care of clients with autism as part of the training about Developmental Disabilities.</p> <p>Refer to V109 for specific details.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	<p>V 110</p>		
<p>V 111</p>	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p>	<p>V 111</p>		

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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>PARADIGM, INC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834</p>		
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<p>V 111</p>	<p>Continued From page 14</p> <p>(1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop goals and strategies based on assessment for 1 of 4 clients audited (client #5). The findings are:</p> <p>Review on 7/24/18 and 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, autism spectrum disorder.</p>	<p>V 111</p>		
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V 111	<p>Continued From page 15</p> <p>Review on 7/24/18 of client #5's "Person Centered Profile" (PCP) dated 4/25/18 revealed: -"What's Important to... [client #5]... It is important that [client #5] continue to maintain her placement with her AFL (Alternative Family Living) family - "What's Not working... -[client #5's] inappropriate behaviors such as stealing, cursing, racial slurs, kicking, spitting, obsession with water, and becoming physically combative and assaultive towards staff, peers and family. -continues to need a high level of supervision -(Update 4/25/18) Hours have been significantly decreased with individual supports, possibly jeopardizing her current placement; she may now be authorized for only 60 hours per month instead of the 14 hours per day she needs to ensure that she continues to receive the level of care and supervision that she needs to remain healthy and safe. -No residential goals to address transition from the unlicensed AFL to a group home. -No reference in the assessment, history, goals, or strategies regarding self-injurious behaviors.</p> <p>Review on 7/25/18 of client #5's "Psychological Evaluation" dated 5/22/18 revealed a history of self-injurious behavior, "biting, hitting self..."</p> <p>Review on 7/25/18 of client #5's Level 1 incident reports dated 7/5/18 at 3:45 pm and 8:12 pm revealed: -"[Client #5] was upset after seeing someone that she use to live with at the home. [Client #5] thought she was leaving the group home." - "[Client #5] started screaming, biting herself on the lower arm and beating herself in the face." -Client #5 "... bruised her left eye ..." -(8:12 pm report) "[Client #5] would calm down,</p>	<p>V 111</p> <p>V 111</p>	<p>Staff (QP's and Paraprofessionals) received training through NC-START on crisis intervention and prevention and response. Including:</p> <ul style="list-style-type: none"> - how to implement strategies for managing persons experiencing a difficult life transition - When to seek additional professional assistance outside the agency to ensure the individual's health and safety. (i.e. When to call 911, when to get MD evaluation due to assaultive or self-injurious behaviors, etc.) <p>In the future, Paradigm QP will consult with Care Coordinator for persons served to ensure plans for persons transitioning from one residential setting to another include goals addressing strategies to aide in successful transition.</p>	<p>8/10/2018</p> <p>8/17/2018</p>

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V 111	<p>Continued From page 16 but after a few mins (minutes) passed, she would begin to act out again. [Client #5] was given 2 Trazadone pills to help her calm down and fall asleep."</p> <p>Telephone interview on 7/27/18, client #5's Guardian stated: -Client #5 was trying to adjust to the group home. On 7/5/18 the AFL provider went to the facility and this triggered client #5's behaviors. -Client #5 had a history of self-injurious behaviors but not to the extent, or as extreme as her behaviors on 7/5/18. -Another social worker had seen client #5 on 7/6/18 in response to a call to Adult Protective Services. -She (Guardian) made a follow up visit on 7/9/18. Client #5 had 2 black eyes and bruises on both arms. -There was a team meeting via telephone on 5/15/18 to discuss client #5's transition from the AFL. -The initial plan was to transition client #5 to another AFL but that "fell through." The decision was made to place her in the group home. - Client #5 had been in at least 2 group homes during prior guardianship by another county. She had "issues" in the group home settings and one had discharged her. -Since she had been her guardian, she had been in 2 AFL's prior to the most recent unlicensed AFL. She had been moved to the unlicensed AFL because there was another client in the prior AFL and client #5 needed more attention.</p> <p>Telephone interview on 7/26/18 client #5's Case Coordinator stated: -She had worked with client #5 "for years." - Everything was going well with client #5 in the unlicensed AFL until the funding was cut and the</p>	V 111		

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V 111	<p>Continued From page 17</p> <p>AFL decided to no longer support client #5. -In her experience with client #5 she had never done well in a group home residential setting. -Every time she has been admitted to a group home behaviors started to occur. -There was a team meeting via telephone prior to client #5's move to the group home. At the meeting it was discussed that she had a history of not being successful in a group home. -During the team meeting "supported living" was discussed. She (Case Coordinator) did not agree with this option because client #5 did not meet criteria. -She (Case Coordinator) suggested another AFL. She informed the group that client #5 had never been successful living in a group home. -The team decided to "look into" supported living. When they realized client #5 did not meet criteria they sent an e-mail informing her that client #5 was being admitted to a group home.</p> <p>Interview on 7/26/18 the Group Home Manager (GHM) stated: -From admission and on 7/5/18 they were following client #5's plan dated 4/25/18. - They did not have the 7/15/18 plan or the attached crisis plan. -She was not aware at the beginning that client #5 could have self-injurious behaviors "at this level." -The Qualified Professional (QP) had discussions with staff, individually or in small groups, about client #5 before she was admitted. She was told client #5 was known to have a history of self-injurious behaviors, but not specifics. -On 7/5/18 client #5's behaviors started when she arrived at the group home and saw her former AFL parent at the facility. -She was called and told client #5 was making statements about the AFL parent and that she</p>	V 111		

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V 111	<p>Continued From page 18</p> <p>(client #5) did not want to be in the group home, she wanted to be with the AFL parent.</p> <p>-When client #5 realized the AFL parent had left the group home, her behaviors escalated, and she began to hit herself. She would have periods of being calm, then behaviors would start all over.</p> <p>Interview on 7/25/18 the QP stated:</p> <p>-The facility followed the PCP last updated on 4/25/18. Client #5 was in an AFL owned by Paradigm, the licensee, so they continued with that plan until the new plan went into effect on 7/15/18.</p> <p>-Client #5 was happy at the AFL and they knew she would have difficulty with adjustment to the group home.</p> <p>-Client #5 knew she was going to a new home. She was there for 5 days before having an incident.</p> <p>-When asked if there were any strategies to address client #5's transition from the AFL to the group home, the QP stated, "Yes", they allowed the AFL provider to come on week-ends.</p> <p>-There were no strategies for staff to address any issues with transition to the group home. - Client #5 knew the group home staff and other residents from the day program and they thought this would help with transition.</p> <p>-Client #5 had a history of self-injurious behaviors. The last episode was in February 2018 when she slapped herself in the face and scratched herself.</p> <p>-There was an incident of self-injurious behaviors in 2017 similar to the incident on 7/5/18. She could not recall if client #5 was seen by a physician following that incident.</p> <p>-The 7/15/18 plan mentioned self-injurious behaviors, but she wanted it to include more specifics. She had contacted client #5's Care Coordinator about updating the plan but she had</p>	V 111		

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V 111	Continued From page 19 not heard back from her. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 111		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118	Paradigm's RN provided additional "Medication" training to paraprofessionals and house managers pertaining to all aspects of medication administration with particular attention to the following areas: - Documentation of medication administration; - Proper transcription of doctor's orders to the MAR; - How to ensure the orders are transcribed and labeled correctly from the pharmacy and within the home - How to properly correct any error in transcription on the MAR; - How to clarify an order (i.e. calling the MD or the pharmacy to see if there has been a change or to see if the order is correct); and - Proper storage of medication - Following the orders/protocols initiated by the MD's regarding parameters to be used and followed when monitoring blood pressure and blood sugar readings	8/15/2018

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V 118	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, and observations the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 2 of 4 clients audited (clients #4, #5). The findings are:</p> <p>Finding #1: Review on 7/24/18 and 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, Autism Spectrum. -Orders dated 6/25/18 for Trazadone 100 mg (milligrams) 1-2 tabs (tablets) as needed for sleep. (Antidepressant) -Order dated 7/12/18 for Trazadone 300 mg at bedtime. -Order dated 5/9/18 for Potassium 20 meq (milliequivalents) daily (supplement). -No order documented to discontinue or clarify the 5/9/18 order for Potassium.</p> <p>Review on 7/25/18 of client #5's June 2018 and and July 2018 MARs revealed: -Trazadone 100 mg 1-2 tabs documented as given on 7/1/18, 7/2/18, 7/7/18, 7/8/18, 7/11/18. No documentation if 1 or 2 tablets had been administered. -Transcribed order for Trazadone 300 mg ordered 7/12/18 and documented as administered from 7/12/18 - 7/18/18 read "Trazadone 300 mg Take 2 tabs ... every evening."</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>-No order transcribed for Potassium 20 meq daily on the June 2018 and and July 2018 MARs.</p> <p>Observations on 7/26/18 at 10:09 am of client #5's medications on hand revealed:</p> <p>-No Potassium 10 meq on hand.</p> <p>-Label for Trazadone ordered 7/12/18, read 150 mg, take 2 tablets (=300mg) at bedtime. The dispense date was 7/19/18.</p> <p>Finding #2:</p> <p>Review on 7/25/18 of client #4's record revealed:</p> <p>-41 year old male admitted 2/22/18.</p> <p>-Diagnoses included seizure disorder, static encephalopathy, spastic diplegia, and mild hyperopia.</p> <p>-Orders dated 5/10/18 for Lamictal XR (extended release) 250 mg twice a day. (Anticonvulsant)</p> <p>Review on 7/25/18 of client #4's MAR for May 2018 revealed:</p> <p>-Order transcribed to read, "Lamictal XR 2-250 mg Take twice daily" with scheduled dosing times of 8 am and 8 pm.</p> <p>-Documentation client #4's Lamictal XR had been administered twice daily from 5/11/18 at 8 am through 5/31/18 at 8 pm.</p> <p>Interview on 7/26/18 the Group Home Manager stated:</p> <p>-She did not know anything about client #5's Potassium order.</p> <p>-Client #4's MAR order on the May 2018 MAR may have been a transcription error.</p> <p>-She knew the order on the July MAR for client #5's Trazadone given from 7/12/18 through 7/18/18 was a transcription error and she had corrected the MAR 7/19/18.</p> <p>-When a medication was changed/ordered prior to the batch fill date (7/19/18 for client #5), the</p>	V 118		

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V 118	Continued From page 22 pharmacy would dispense enough medication to meet the client's needs until the full month's quantity was dispensed. Client #5's Trazadone dispensed 7/12/18 were 150 mg tablets and the client received two 150 mg tablets, not two 300 mg tablets, between 7/12/18 and 7/18/18. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use;(E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by:	V 120	Paradigm's RN provided additional "Medication" training to paraprofessionals and house managers pertaining to all aspects of medication administration with particular attention to the following areas: - Documentation of medication administration; - Proper transcription of doctor's orders to the MAR; - How to ensure the orders are transcribed and labeled correctly from the pharmacy and within the home - How to properly correct any error in transcription on the MAR; - How to clarify an order (i.e. calling the MD or the pharmacy to see if there has been a change or to see if the order is correct); and - Proper storage of medication - Following the orders/protocols initiated by the MD's regarding parameters to be used and followed when monitoring blood pressure and blood sugar readings	8/15/2018

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V 120	<p>Continued From page 23</p> <p>Based on observations, interview, and record review, the facility failed to ensure all medications were stored in a securely locked cabinet affecting 1 of 4 clients audited (client #4). The finding are:</p> <p>Review on 7/25/18 of client #4's record revealed: -41 year old male admitted 2/22/18. -Diagnoses included seizure disorder, static encephalopathy, spastic diplegia, and mild hyperopia. -Orders dated 5/25/18 for Ascorbic Acid 500 mg (milligrams) daily (dietary supplement), Docusate Sodium 100 mg twice daily (constipation), and Potassium Chloride (Cl) Extended Release (ER) 10 meq (milliequivalents) (supplement). -Orders dated 5/29/18 for Hydrochlorothiazide 25 mg daily, Vitamin D3 5,000 units daily.</p> <p>Review on 7/25/18 of client #4's July 2018 Medication Administration record revealed: -The following medications scheduled to be given at 8 am: Hydrochlorothiazide 25 mg, Ascorbic Acid 500 mg, Vitamin D3 5,000 units, Docusate Sodium 100 mg, Potassium Cl ER 10 meq. -8 am medications had been documented as administered.</p> <p>Observations on 7/24/18 at 11:15 am revealed: - A plastic medicine cup containing 1 unmarked white capsule, 1 small pink tablet with "H/L" marking, 1 yellow caplet with an oval shaped symbol, 1 larger round white tablet without a marking, and 1 oval red colored gel capsule. - Client #4's name was printed on a label adhered to the medicine cup.</p> <p>Observations on 7/26/18 at 9:16am of client #4's medications on hand revealed medications on hand included: -Small round pink tablets labeled</p>	V 120		

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V 120	Continued From page 24 Hydrochlorothiazide 25 mg -White round tablets with no markings labeled Ascorbic Acid 500 mg -Small round white capsules labeled Vitamin D3 5,000 units -Red gel capsules labeled Docusate Sodium 100 mg -Bright yellow caplets labeled Potassium Chloride ER 10 meq Interview on 7/24/18 the Group Home Manager stated: -The medications in the cup were client #4's morning medications. -She had seen staff #4 administer client #4's medication that morning (7/24/18). -She did not know why the medications would have been in the kitchen cabinet.	V 120		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201	V 132		

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V 132	<p>Continued From page 25</p> <p>are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry of all allegations of abuse and have evidence that all allegations against staff had been investigated. The findings are:</p> <p>Review on 7/24/18 and 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, Autism Spectrum.</p>	V 132		

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V 132	<p>Continued From page 26</p> <p>-Client #5 had sustained injuries to her eyes and arms on 7/5/18, reported by staff to be the result of self-injurious behaviors.</p> <p>Review on 7/25/18 of facility incident reports between May 2018 and July 2018 revealed no documentation of an incident report or investigation of allegations that client #5 had been injured, assaulted, or abused by facility staff.</p> <p>Interview on 7/24/18 staff #2 stated: -A former staff made allegations to client #5's sister that a group home staff had abused client #5. -The sister said she had been called and told a staff had mistreated client #5. The sister would not say who called her.</p> <p>Interview on 7/26/18 the Program Manager stated: -Client #5 went to the Day Program the day after her self-injurious behaviors. (Would have been 7/6/18.) -A Day Program staff called client #5's sister, and the sister called police. The sister reported she thought client #5's injuries were caused by staff. - Police thought it was Client #5 who called, but client #5's sister corrected this and said she was the one that called.</p> <p>Interview on 7/25/18 the Qualified Professional stated: -Client #5's sister and a sheriff's deputy came to the group home on Friday, 7/6/18. -Based on "hear say," staff told her (QP) the police officer received a call from client #5 stating she had been assaulted. He then stated he talked with client #5 and she said she had done this to herself. -She knew allegations were to be reported as</p>	V 132	<p>In-service provided by Paradigm's Clinical director to the QP's concerning submission of level 2 and 3 incidents as well as all reporting requirements according to state rules and policies of Paradigm. Including:</p> <ul style="list-style-type: none"> - What constitutes a level 2 and level 3 incident; - Timelines for submission - Who and when to inform others - Documentation of evaluation by QP's at time of incident - Documentation and evaluation by MD when injuries sustained to ensure person is medically cleared; - When to report to the Health Care Personnel Registry and how to do so (to include when allegations are made against the facility and/or staff persons) - Review of Paradigm's Policy and Procedure for how to Conduct an Internal Investigation. 	8/14/2018

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V 132	Continued From page 27 Level II incidents. This had not been done.	V 132		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is	V 289		

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V 289	<p>Continued From page 28 substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to provide care and services within the scope of the program affecting 2 of 4 clients audited (client #5, client #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS (Tag V109). Based on record reviews and interviews, 1 of 1 professional staff (Qualified Professional), failed to demonstrate knowledge, skills and abilities required by the</p>	V 289		

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V 289	<p>Continued From page 29 population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (Tag V110). Based on record reviews and interviews, 3 of 4 paraprofessional staff (Group Home Manager, Staff #2, Staff #3), failed to demonstrate knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (Tag V111). Based on interviews and record reviews, the facility failed to develop goals and strategies based on assessment for 1 of 4 clients audited (client #5).</p> <p>Cross Reference: 10A NCAC 27G .5603 OPERATIONS (Tag V291). Based on record reviews and interviews, the facility failed to maintain coordination among the medical providers responsible for the clients' treatment, affecting 2 of 4 audited clients (client #2 and #5).</p> <p>Review on 7/27/18 of the Plan of Protection, completed and signed by the Program Manager on 7/27/18 revealed: "1. What immediate action will the facility take to ensure the safety of the consumers in your care? 1st course of action: Meeting will include discussion of Paradigm, Inc. protocol and steps taken to ensure the safety of all individuals residing in the home. Implement the crisis plan immediately and follow all steps included in the crisis plan, i.e., crisis de-escalation techniques (calling a close family member, listening to music, may be going for a supervised walk, as per individual plan, etc.). If de-escalation techniques</p>	<p>V 289</p> <p>V 289</p> <p>V 289</p>	<p>Staff (QP's and Paraprofessionals) received training through NC-START on crisis intervention and prevention and response. Including:</p> <ul style="list-style-type: none"> - how to implement strategies for managing persons experiencing a difficult life transition - When to seek additional professional assistance outside the agency to ensure the individual's health and safety. (i.e. When to call 911, when to get MD evaluation due to assaultive or self-injurious behaviors, etc.) <p>In the future, Paradigm QP will consult with Care Coordinator for persons served to ensure plans for persons transitioning from one residential setting to another include goals addressing strategies to aide in successful transition.</p> <p>In-service provided by Paradigm's Clinical director to the QP's concerning submission of level 2 and 3 incidents as well as all reporting requirements according to state rules and policies of Paradigm. Including:</p> <ul style="list-style-type: none"> - What constitutes a level 2 and level 3 incident; - Timelines for submission - Who and when to inform others - Documentation of evaluation by QP's at time of incident - Documentation and evaluation by MD when injuries sustained to ensure person is medically cleared. 	<p>8/10/2018</p> <p>8/17/2018</p> <p>8/14/2018</p>

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		<ul style="list-style-type: none"> - When to report to the Health Care Personnel Registry and how to do so (to include when allegations are made against the facility and/or staff persons) - Review of Paradigm's Policy and Procedure for how to Conduct an Internal Investigation. <p>Training provided by Paradigm's Clinical Director to paraprofessionals on the Autism Spectrum Disorders.</p> <p>Paradigm's RN provided additional "Medication" training to paraprofessionals and house managers pertaining to all aspects of medication administration with particular attention to the following areas:</p> <ul style="list-style-type: none"> - Documentation of medication administration; - Proper transcription of doctor's orders to the MAR; - How to ensure the orders are transcribed and labeled correctly from the pharmacy and within the home - How to properly correct any error in transcription on the MAR; - How to clarify an order (i.e. calling the MD or the pharmacy to see if there has been a change or to see if the order is correct); and - Proper storage of medication <p>Following the orders/protocols initiated by the MD's regarding parameters to be used and followed when monitoring blood pressure and blood sugar readings</p>	<p>8/15/18</p> <p>8/15/18</p>
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V 289	<p>Continued From page 30</p> <p>are unsuccessful, per the individual's crisis plan, staff will make the determination dependent upon the situation to contact 911 or emergency personnel when it involves self-inflicted injuries and then make contact with identified administrators (house manager and QP) to discuss further course of action. This will be implemented to ensure the health and safety of the individual supported if the individual is engaging in continuous self-injurious behavior, staff will take them to the emergency room to have a psychiatric evaluation completed and be medically cleared.</p> <p>2nd course of action: Due to[client #5's] increase in behaviors, she has been admitted to the behavioral health unit at [Medical Center] to allow time for her medications/behaviors to be evaluated and adjustments to be made to her medications as needed.</p> <p>3rd course of action: QP has contacted the care coordinator for [client #5] to ensure that the current crisis plan includes additional information with regard to [client #5's] extensive self-injurious behaviors. This is scheduled to be reviewed and updated immediately to ensure that current behaviors are included and that all staff working with [client #5], have knowledge of her triggers and behaviors associated with these triggers.</p> <p>4th course of action: QP had already been in contact with [statewide community crisis prevention and intervention program] prior to [client #5's] admission to the residential facility. The guardian for [client #5] has signed consent forms for [client #5's] case to be reactivated with [statewide community crisis prevention and intervention program] . [Statewide community crisis prevention and intervention program] will be used as an additional resource to address crisis for [client #5]. They will be developing a new and thorough crisis plan and the staff working directly</p>	V 289		

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V 289	<p>Continued From page 31 with [client #5] are scheduled to meet with the coordinator assigned to [client #5], [Coordinator], on August 2nd at 10a.m. During this meeting, the coordinator will continue to gather as much information from all staff as well as professional supports involved with [client #5]. [Coordinator] has agreed to provide training and in-service of working with adults with Autism and all staff will be required to attend this training. The training will be conducted within the next 2 weeks. 4th course of action: [Client #5] will have a formal behavior plan developed. The appointment is scheduled for August 10th with [Psychological Services Provider]. The QP, house manager, and direct care staff assigned to [client #5] will all be trained on the behavior plan. Monitoring will take place every 6-8 weeks after the plan has been approved by the guardian and then the Human Rights Committee with Paradigm, Inc." "2. Describe your plans to make sure the above happens.</p> <p>Immediate mandatory staff meeting will take place to include the House Manager and QP as well as residential staff (full and part time staff will be in attendance);</p> <p>Staff will be evaluated by QP and Clinical Director to ensure knowledge and understanding of individual crisis plans and agency protocol with response to crisis</p> <p>QP and house manager will follow up to ensure that the appropriate steps are followed once notified of any future crisis</p> <p>Qualified Professional will be in close contact with [Medical Center] to ensure that the health care professionals are aware of current behaviors that [client #5] is exhibiting. QP will communicate with psychiatrist to address current medication regimen and notate any changes in behaviors or symptom to ensure that best mental health for [client #5]</p>	V 289	

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V 289	Continued From page 32 QP will review the upcoming ISP for [client #5] which includes the behavioral section and the crisis plan to ensure that there is current and accurate information with regard to her triggers, behaviors, and symptoms. This will also include careful review of the crisis response and stabilization to ensure that all steps taken ensure [client #5's] safety are addressed. In the event other crisis situations occur, all staff will have a working knowledge of what steps to take to ensure her safety and best health at all times. Team will continue to work with [statewide community crisis prevention and intervention program] and all staff will follow the [statewide community crisis prevention and intervention program] crisis plan as well for an additional resource with crisis response. [statewide community crisis prevention and intervention program] can also be utilized for assessment purposes when there is an impending crisis and additional support is needed. Any new staff that is hired to work with [client #5] or in the home where [client #5] resides, will be trained and in-serviced on the [statewide community crisis prevention and intervention program] crisis plan with the coordinator assigned to her case. All new staff working with [client#5] will continue to receive an in-service on her individualized support plan and crisis pan. This information will also continue to be reviewed and assessed during clinical supervision monthly with the staff. All staff will be expected to communicate any challenges or concerns with the QP. The QP will communicate with the care coordinator and any other professional supports, such as [client #5's] psychiatrist, behavioral specialist, and primary doctor to ensure that [client #5's] mental health. Once the behavior plan is approved, staff will continue to document on behaviors and notate any new behaviors. These will be discussed with	V 289		

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V 289	<p>Continued From page 33 the QP and the QP will collaborate with the behavioral specialist monitoring the behavior plan for [client#5]. Paradigm, Inc. will continue to ensure that all individuals served within the agency are safe and in the best mental health. Paradigm, Inc. will continue to assess each person's behavioral health needs on an individual basis and respond accordingly such as seeking medical attention (emergency room), calling 911, or having medical professionals access the situation further to determine the best course of treatment, etc. Paradigm will continue to work closely with all professional supports involved with the care of the individuals we support to ensure that there their needs are addressed."</p> <p>Client #5 was diagnosed with moderate intellectual disabilities, bipolar disorder, obsessive compulsive disorder, and autism spectrum disorder. She had been admitted to the group home on 6/29/18 after living in an unlicensed Alternative Family Living (AFL) setting where she was reported to have been happy. She had a history of not being successful in group home residential placements and it was anticipated that she would have difficulty adjusting. On 7/5/18 client #5 saw her former AFL parent when she returned to the group home around 3 pm and became upset when the AFL parent left the facility. Client #5's behaviors escalated and she became physically aggressive toward staff and towards herself. Staff reported on 7/5/18 that client #5 hit herself numerous times; constantly beat her head against the wall and her headboard; beat herself in the eye and face. Client #5's behaviors were documented to begin around 3 pm and repeated until she was given medication for sleep at bedtime, around 8 pm. Client #5 bruised her left eye and had bite</p>	V 289		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/27/2018	
NAME OF PROVIDER OR SUPPLIER PARADIGM, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834		
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V 289	<p>Continued From page 34</p> <p>wounds and bruising on her arms. On 7/8/18 client #5's behaviors escalated again at the group home. Staff reported to the Group Home Manager that client #5 hit herself in the face several times, and hit herself her eye that had been injured on 7/5/18. The staff documented that client #5 "hit herself in the eye and darkened it more." At no time was client #5 taken to a medical provider to evaluate her for physical injuries from repeatedly hitting her head and eyes. Neither was client #5 seen by a medical provider to evaluate her mental health status to determine if her treatment needed to be adjusted. At no point was the client reassessed to develop and implement strategies prior to development of a Person Centered Plan in order to provide staff with strategies to address these self-injurious behaviors. When seen on 7/12/18 by her psychiatrist, 2 psychotropic medication dosages were increased (Trazadone, Risperdal). On 7/24/18 after being physically aggressive toward staff and a peer, client #5 was taken to the hospital and was admitted to the behavioral health unit. The failure to seek immediate medical attention for client #5's behaviors and injuries on 7/5/18 prevented the client from timely medical evaluation for any serious injuries (traumatic brain injury, eye trauma), and to determine if client #5 needed changes in her medication management, or admission for further evaluation. The client's self-injurious behaviors repeated 3 days later on 7/8/18 and she re-injured her eye, and again, no medical help was sought. Client #2's diagnoses included moderate mental retardation and hypertension. Client was taking 3 different medications for hypertension (Atenolol, Lisinopril, and Amlodipine Besylate). Client #2's orders were to take his blood pressure daily and if higher than 150/90 on the 3rd reading, call the doctor.</p> <p>Between May and July 2018, client #2's diastolic</p>	V 289		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2018
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V 289	Continued From page 35 blood pressure exceeded 90 consecutively for 3 or more days in May, June, and July. Client #2 had periods where his diastolic blood pressure exceeded 90 for 9 to 11 consecutive days in each month. Client #2's physician had not been notified for these consecutive high results and there was no documentation his blood pressure had been rechecked. The failure to report client #2's elevated blood pressure readings prevented the client's physician to evaluate if client #2 needed changes in his medication management for hypertension. Ongoing high blood pressure puts client #2 at risks to include heart attack, stroke, and chronic complications such as impaired renal function. These deficiencies constitute a Type A1 rule violation for serious neglect and must be corrected within 23 days. An Administrative Penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500 dollars per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
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	V 291	Staff (QP's and Paraprofessionals) received training through NC-START on crisis intervention and prevention and response. Including: - how to implement strategies for managing persons experiencing a difficult life transition - When to seek additional professional assistance outside the agency to ensure the individual's health and safety. (i.e. When to call 911, when to get MD evaluation due to assaultive or self-injurious behaviors, etc.)	8/10/2018

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		V291	<p>QP conducted an in service on crisis planning with Paraprofessional staff to educate and discuss the following:</p> <ul style="list-style-type: none"> - Triggers and behaviors associated with triggers; - Crisis prevention and de-escalation techniques; - Strategies for crisis response and stabilization; - Systems prevention and intervention back up protocols (who to call and when and how they can be reached); - Specific recommendations for interaction with the person served; - Importance of reviewing and knowing the crisis plans for those people you serve - Review of Paradigm's Crisis response protocol and policy 	7/27/18
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/27/2018
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<p>V 291</p>	<p>Continued From page 36 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, 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 reviews, observations, and interviews, the facility failed to maintain coordination among the medical providers responsible for the clients' treatment, affecting 2 of 4 audited clients (client #2 and #5). The findings are:</p> <p>Finding #1: Review on 7/24/18 and 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, Autism Spectrum. -No documentation client #5 was seen/evaluated by a physician for injuries sustained on 7/5/18 or 7/8/18 from self-injurious behaviors. -Client #5 was not evaluated by a physician for behaviors until 7/12/18.</p>	<p>V 291</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED R 07/27/2018</p>	
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<p>V 291</p>	<p>Continued From page 37</p> <p>Review on 7/24/18 and 7/25/18 of client #5's service plan dated 4/25/18 revealed: -There had been times in the past when client #5 had been assaultive to others and may require the use of NCI (North Carolina Interventions). This should be used as a last resort. -"What's Not working... Has had an increase in anxiety and agitation, Fluvox (antidepressant) has been increased with an evening dose being added." -"[Client #5] requires support to be healthy and ensure that she is in the best mental health and physical health... How (Support/Intervention)... Staff should be aware of when to contact any of her doctors when she has ongoing behaviors of symptoms related to any health issues that may need to be addressed immediately."</p> <p>Review on 7/25/18 of client #5's Level 1 incident report dated 7/5/18 at 3:45 pm revealed: -Incident report signed by staff #2. -Description of incident read, "[Client #5] started screaming, biting herself on the lower arm and beating herself in the face." -Description of injuries: "[Client #5] bruised her left eye and bite marks on her lower right arm." - Description of medical attention: "Staff cleaned the bite marks with peroxide and warm water. After cleaning the marks staff applied ointment. Staff also washed [client #5's] face and applied ice pack to her eye." -Group home manager was notified. -Descriptions of the "disposition of the person supported following the incident: [Client #5] was still cursing and stating that she wanted to go to the hospital because she was upset. [Client #5] was still screaming when I exited the facility." (Staff #2)</p>	<p>V 291</p>	<p>Paradigm has coordinated with MD's and other health care professionals to establish detailed parameters and instructions in the form of a doctor's order describing how to monitor and report blood pressure readings</p> <p>Paradigm conducted an in-service with house manager's and paraprofessionals detailing the proper method for obtaining blood pressure reading, recording results, and knowing when to notify House Manager, QP, RN, MD, EMS.</p> <p>Created and instituted a tracking form to be used to record B/P's as well as to document whether anyone needed notified, and if so, who and what their response was and any interventions.</p>	<p>8/2/18</p> <p>8/15/18</p> <p>8/15/18</p>
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED R 07/27/2018</p>	
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V 291	<p>Continued From page 38</p> <p>Review on 7/25/18 of client #5's Level 1 incident report dated 7/5/18 at 8:12 pm revealed: - Description of incident read, "[Client #5] constantly fussed, cursed, spit, and hit staff and herself. [Client #5] was constantly redirected for her actions. [Client #5] hit herself numerous times. [Client #5] constantly beat her head against the wall and her headboard. [Client #5] beat herself in the eye and face. [Client #5] kept threatening to harm herself and others. [Client #5] attempted to elope several times."</p> <p>-Description of injuries: "[Client #5's] left eye was bruised... had bruising where she beat and bit herself."</p> <p>-Description of medical attention: "Staff applied ice pack to [client #5's] eye."</p> <p>-Descriptions of the "disposition of the person supported following the incident: [Client #5] was still upset for a while. [Client #5] would calm down, but after a few mins (minutes) passed, she would begin to act out again. [Client #5] was given 2 Trazadone pills to help her calm down and fall asleep."</p> <p>-Group home manager was notified. Staff were told to constantly monitor the client. The manager talked with the client and encouraged her to "behave."</p> <p>Review on 7/25/18 of client #5's Level 1 incident report dated 7/8/18 at 12 pm revealed: -Description of incident read, "[Client #5] started cursing, calling staff names, spitting and hitting on staff. [Client #5] hit a male peer on his right arm and started yelling hitting herself in the face. [Client #5] would calm down for a while after conversing with staff but started up again. [Client #5] ran out the front door but staff was able to hand guide her back inside without any problems. -Description of injuries: "[Client #5] hit herself in the eye and darkened it more, which staff</p>	V 291	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2018
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			(X5) COMPLETE DATE

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<p>V 291</p>	<p>Continued From page 39</p> <p>continued to apply cold packs."</p> <p>-Descriptions of the "disposition of the person supported following the incident: After conversing with staff for a while [client #5] finally calmed down but was still anxious. Staff had [client #5] to take some deep breaths and read the bible with her. [Client #5] stated that she would be patient, wouldn't do anymore self-injuries to herself nor would she harm anyone else. [Client #5] was able to comply and fell asleep."</p> <p>"-I informed [Group Home Manager] that [client #5] got upset for no reason and started hitting and spitting on staff and proceeded to hit on a male peer. I also informed [Group Home Manager] that [client #5] hit herself in the face several times before calming down after conversing with staff. [Group Home Manager] instructed me to continue to talk with her."</p> <p>Review on 7/25/18 and 7/26/18 of client #5's "Physician's Order Form" dated 7/12/18 revealed:</p> <p>-Reason for appointment, "behaviors, med eval." - New orders, instructions:</p> <ul style="list-style-type: none"> -Increase Trazadone to 300 mg (milligrams) every night at bedtime. (Antidepressant) (Prior order was Trazadone 100 mg 1-2 tablets as needed for sleep.) -Increase Risperdal to 2 mg twice daily. (Atypical antipsychotic). (Prior order was Risperdal 1 mg twice daily) -Make a 4 pm appointment in 2 weeks; take Depakote at 6 am that morning. (Used to treat seizure disorders, certain psychiatric conditions i.e. manic phase of bipolar disorder.) (Current order for Depakote was 1,000 mg twice daily.) <p>Observations on 7/27/18 at approximately 3:00PM of client #5's photographs dated 7/6/18 revealed:</p> <p>-Client #5's eyes appeared swollen with purple</p>	<p>V 291</p>		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/27/2018
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<p>V 291</p>	<p>Continued From page 40 discoloration surrounding the left eye and a small red mark below the right eye.</p> <p>-Client #5's inner aspect of the left forearm showed a red and purple discoloration, with purple areas noted on the left forearm and left wrist areas.</p> <p>-Client #5's right wrist and right upper hand showed areas of red and purple discoloration.</p> <p>Interview on 7/25/18, the Qualified Professional (QP) stated:</p> <p>-She was aware of client #5's behaviors on 7/5/18 and 7/8/18. Staff had called the Group Home Manager and the Group Home Manager had called her.</p> <p>-Yesterday (7/24/18) client #5 attended the day program. She (QP) arrived about 2:30pm. -Client #5 had hit a clinician and other staff, cursing, irate, picking up plants and throwing them; but she would respond to redirection. -Client #5 returned to the group home and tried to hurt another resident. They brought her back to the Day Program. Her behaviors continued to escalate.</p> <p>-She (QP) called the Program Manager. They discussed the situation and felt client #5 needed to be evaluated.</p> <p>-She and the Program Manager decided to send client #5 for evaluation.</p> <p>-They called 911 and client #5 was transported to the hospital.</p> <p>-Client #5 was admitted and was waiting in the Emergency Room for a bed in the Behavioral Health Unit.</p> <p>Telephone interview on 7/27/18, client #5's Guardian stated:</p> <p>-She (Guardian) made a follow up visit on 7/9/18. Client #5 had 2 black eyes and bruises on both arms, to include bruising on one arm above the</p>	<p>V 291</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL074-136</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R 07/27/2018</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>PARADIGM, INC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834</p>		
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<p>V 291</p>	<p>Continued From page 41</p> <p>elbow.</p> <p>-Client #5 was sent to the Emergency Room on 7/24/18 and was still in the hospital. She visited with the client on 7/26/18. She remained in the Emergency Room waiting for a bed in the Behavioral Health Unit.</p> <p>-Hospital staff told her client #5 was being admitted because "she was not back to baseline."</p> <p>Finding #2: Review on 7/26/18 of client #2's record revealed: -27 year old male admitted 5/23/14. -Diagnosis included intellectual disability, moderate mental retardation; obesity; constipation, gastroesophageal reflux disease (GERD); hypertension; hypercholesterolemia; diabetes; allergies; sleep apnea; explosive disorder; oppositional defiant disorder (ODD); mood disorder, not otherwise specified. -Client #2 received 3 different blood pressure medications daily: Atenolol 50 mg (milligrams), Lisinopril 5 mg, and Amlodipine Besylate 5 mg. -FL2 dated 1/30/18, order to do daily BP checks at 8am. -Physician Orders dated 7/20/18, 7/18/18, 6/25/18 and 5/7/18: Blood Pressure (BP) normal = 150/90, if higher on the third reading contact physician.</p> <p>-No documentation physician had been notified between 5/1/18 - 7/24/18 of blood pressure readings above 150/90.</p> <p>-No documentation of more than 1 BP result per day. No documentation BP was re-checked if higher than 150 systolic or 90 diastolic.</p> <p>Review on 7/25/18 and 7/26/18 of client #2's blood pressure results between 5/1/18 - 7/26/18 revealed: -5/3/18 - 5/6/18 client #2's diastolic pressures ranged from 92 - 111.</p>	<p>V 291</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL074-136</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>		<p>(X3) DATE SURVEY COMPLETED</p> <p>R 07/27/2018</p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>PARADIGM, INC</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834</p>		
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<p>V 291</p>	<p>Continued From page 42</p> <p>-5/9/18 - 5/19/18 client #2's diastolic pressures ranged from 92-111. -6/6/18 - 6/15/18 client #2's diastolic pressures ranged from 92 -121. -6/23/18 - 6/26/18 client #2's diastolic pressures ranged from 101-115. -7/3/18 - 7/14/17 client #2's diastolic pressures ranged from 92 - 114.</p> <p>Interview on 7/26/18 the Group Home Manager stated: -Her understanding was to retake client #2's blood pressure if above 150/90 up to 3 times on any given day. If the reading remained above 150/90 staff were to call the physician. -The staff did not record blood pressures that were repeated when the first result was higher than 150/90. -There were no orders to clarify if the physician meant to repeat blood pressures on the day it was higher than 150/90, or he was to be called for 3 consecutive daily blood pressures above 150/90. If they were to re-take the blood pressures, there was no order to clarify when the blood pressure should be repeated. -There had been no notifications to client #2's physician in the past 3 months for high blood pressure results.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	<p>V 291</p>		
<p>V 366</p>	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	<p>V 366</p>		

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED R 07/27/2018</p>	
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V 366	<p>Continued From page 43</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p>	V 366		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2018
NAME OF PROVIDER OR SUPPLIER PARADIGM, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834	
(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

Division of Health Service Regulation

<p>V 366</p>	<p>Continued From page 44</p> <p>(C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment</p>	<p>V 366</p>	<p>Upon review of Paradigm's policy and procedure manual, it was determined that the surveyor did not receive the entire policies associated with Incident Reporting Requirements in our manual. The policy titled "Incident Reporting Definitions and Requirements" details the information stated as missing within this report.</p> <p>Paradigm will continue to implement the policy on Incident reporting and requirements. This was reviewed in the following training:</p> <p>In-service provided by Paradigm's Clinical director to the QP's concerning submission of level 2 and 3 incidents as well as all reporting requirements according to state rules and policies of Paradigm. Including:</p> <ul style="list-style-type: none"> - What constitutes a level 2 and level 3 incident; - Timelines for submission - Who and when to inform others - Documentation of evaluation by QP's at time of incident - Documentation and evaluation by MD when injuries sustained to ensure person is medically cleared. - When to report to the Health Care Personnel Registry and how to do so (to include when allegations are made against the facility and/or staff persons) - Review of Paradigm's Policy and Procedure for how to Conduct an Internal Investigation. 	<p>8/14/2018</p> <p>8/14/20185</p> <p>8/14/18</p>
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL074-136</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R 07/27/2018</p>
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER PARADIGM, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834
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V 366	<p>Continued From page 45</p> <p>area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a written policy for response to incidents as required. The findings are:</p> <p>Review on 7/25/18 of the facility policy, "Incident Reporting," revealed the policy did not include all requirements for response to level I, II, or III incidents, to include attending to the health and safety needs of individuals involved in the incident.</p> <p>Refer to V367 for specific details.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2018
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V 367	<p>Continued From page 46</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</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: (1) hospital records including confidential</p>	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/27/2018
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V 367	Continued From page 47 information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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.	V 367		

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V 367	<p>Continued From page 48</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services are provided within 72 hours as required. The findings are:</p> <p>Review on 7/25/18 of the North Carolina Incident Response Improvement System reports from 4/1/18 - 7/24/18 revealed no Level II incidents for the facility.</p> <p>Finding #1: Review on 7/25/18 of client #5's record revealed: -28 year old female admitted 6/29/18. - Diagnoses included moderate intellectual developmental disability, bipolar disorder, obsessive compulsive disorder, Autism Spectrum.</p> <p>Review on 7/25/18 of client #5's Level I incident reports between 6/29/18 and 7/24/18 revealed: - - Incident dated 7/5/18 at 3:45 pm. "[Client #5] started screaming, biting herself on the lower arm and beating herself in the face." Client #5 "...bruised her left eye and bite marks on her lower right arm." -Incident dated 7/5/18 at 8:12 pm. "[Client #5] constantly fussed, cursed, spit, and hit staff and herself... [Client #5] constantly beat her head against the wall and her headboard. [Client #5] beat herself in the eye and face..." -No incident report documented for allegations reported to police of assault of client #5 on 7/5/18. -No incident report for police response to the facility on 7/6/18 to investigate allegation of assault of client #5.</p>	V 367	<p>In-service provided by Paradigm's Clinical director to the QP's concerning submission of level 2 and 3 incidents as well as all reporting requirements according to state rules and policies of Paradigm. Including:</p> <ul style="list-style-type: none"> - What constitutes a level 2 and level 3 incident; - Timelines for submission - Who and when to inform others - Documentation of evaluation by QP's at time of incident - Documentation and evaluation by MD when injuries sustained to ensure person is medically cleared. - When to report to the Health Care Personnel Registry and how to do so (to include when allegations are made against the facility and/or staff persons) - Review of Paradigm's Policy and Procedure for how to Conduct an Internal Investigation. 	8/14/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2018
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V 367	<p>Continued From page 49</p> <p>Finding #2: Review on 7/26/18 of client #2's record revealed: -27 year old male admitted 5/23/14. - Diagnosis included intellectual disability, moderate mental retardation; obesity; constipation, gastroesophageal reflux disease (GERD); hypertension; hypercholesterolemia; diabetes; allergies; sleep apnea; explosive disorder; oppositional defiant disorder (ODD); mood disorder, not otherwise specified.</p> <p>Review on 7/25/18 of client #2's Level I incident reports between 3/30/18 and 7/24/18 revealed: - Incident dated 3/30/18 at 4:50 pm: Client #2 went to bathroom and refused to open the door for staff. Staff could hear client #2 talking to someone. Police arrived at the home and said someone called 911 and said they were going to shoot themselves. The officer was able to get client #2 to open the door. Client #2 was transported to the hospital via EMS (emergency medical services). -Incident dated 7/1/18 at 12:10 pm: Client #2 became aggressive and disrespectful toward staff. Client #2 ran out of the house. EMS was notified to aid in the incident.</p> <p>Interview on 7/26/18 the Program Manager stated: -Client #5 went to the Day Program the day after her self-injurious behaviors. (Would have been 7/6/18.) -A Day Program staff called client #5's sister, and the sister called police. The sister reported she thought client 5's injuries were caused by staff. - Police thought it was Client #5 who called, but client #5's sister corrected this and said she was the one that called.</p>	V 367		

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V 367	Continued From page 50 Interview on 7/25/18 the Qualified Professional stated: -If police responded to the facility for client behaviors a Level II Incident Report was done if the client was transported to the hospital. -A Sheriff's deputy came to the facility on 7/6/18. He stated he had received a call alleging client #5 had been assaulted. -She knew allegations of abuse were to be reported as Level II incidents. -A Level II incident report had not been submitted for the allegations of abuse of client #5 on 7/5/18. -Police responded as a result of client #2's behaviors on 3/30/18 and 7/1/18. He was transported to the hospital on each incident. He was admitted to the hospital 3/30/18 for about 10 days. He was not admitted on 7/1/18. Neither incident had been reported as a Level II incident. Both should have been reported as Level II incidents.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations during facility tour on 7/24/18 between 11 am and 12 pm revealed:	V 736		

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PARADIGM, INC		4001 OLD PACTOLUS ROAD GREENVILLE, NC 27834		
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V 736	<p>Continued From page 51</p> <ul style="list-style-type: none"> -Uncovered plate in microwave with scrambled eggs and grits. -Kitchen and dining room baseboards covered with dirt and dust build up. -Hall bath #1: <ul style="list-style-type: none"> -Light brown ceiling stain by vent approximately 12 inches in diameter -Towel bar broken away from wall tiles -Toilet bowl lid broken, lying between toilet and cabinet -No threshold on one side of opening between the 2 main living areas of the home, presenting a potential trip hazard. -Hall bath #2: <ul style="list-style-type: none"> -Bare light bulbs above sink; one burned out. -Mirror surface of medicine cabinet doors worn away across the bottom -Client #4's dresser: 3 drawers missing knobs; 2 drawers had no knobs/hardware to open drawers -Paint surface worn away on the door facings of client #2 and client #3's room -Walls in hallway scuffed and smudged. -Bathroom floor covering in client #1 and client #2's bathroom not secured under base molding behind toilet. Shoe molding by tub discolored black; dirt and dust build up on shoe molding around bathroom perimeter. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<ul style="list-style-type: none"> -Paradigm has compiled a list of all issues stated within the report and has done the following: <ul style="list-style-type: none"> - Plate was removed and disposed of at the time of the survey - Kitchen and dining room baseboards were cleaned thoroughly -Paradigm reviewed with staff and will utilize their Environmental and Safety checklists monthly to ensure that house remains clean, safe, and in good repair -Paradigm also reviewed procedure for filing a work order request with staff so that any issues that arise can be corrected in a timely manner -Paradigm has hired a qualified person who has made repairs to each item mentioned in this report. 	<p>8/31/2018</p> <p>8/31/2018</p> <p>8/31/2018</p> <p>8/31/2018</p>



4054 S. Memorial Dr., Suite K
Winterville, NC 28590

DHSR - Mental Health

AUG 24 2018

Lic. & Cert. Section

08/21/2018

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

From: Paradigm, Inc.
4054 S. Memorial Dr., Suites J&K
Winterville, NC 28590

Mailing Address: P.O Box 31091
Greenville, NC 27833-1091

To Whom It May Concern:

Please find accompanying this letter, the original Statements of Deficiencies with the completed Plan of Corrections. This is in regard to the Annual Survey which was completed on July 27, 2018. If there is anything else we can provide, or if you have any questions, please do not hesitate to email us at jbarnett@paradigminc.org or contact Program Director, Jeannette Barnett at (252) 341-6874 (cell) or (252) 561-8112 (office). Thank you for your time and assistance.

Sincerely,

Jason T. Barnett, CEO
Paradigm, Inc.

