

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/29/2018
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NAME OF PROVIDER OR SUPPLIER UNITED RESIDENTIAL SERVICES OF NORTH CAROLINA	STREET ADDRESS, CITY, STATE, ZIP CODE 6503 KEMPER COURT FAYETTEVILLE, NC 28303
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(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>A complaint and follow up survey was completed on November 29, 2018. The complaint was unsubstantiated (intake #NC00145325). A deficiency was cited.</p> <p>This facility is licensed for the service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 8:25 am, Dec 07, 2018</small></p> </div>	
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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation

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



TITLE

CP

(X6) DATE

12/4/18

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>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 review and interviews the facility failed to provide four of five audited staff (#1, #2, #3 and the Group Home Manager/GHM) with training to meet the MH/DD/SA (Mental Health/Developmental Disabilities/Substance Abuse) needs of Former Client #4 (FC) as specified in the treatment/habilitation plan for American Sign Language (ASL) training. The findings are:</p> <p>Review on 11/28/18 of FC #4's record revealed: -25 year old male admitted on 02/07/14. -Diagnosis included Autism Disorder. -Treatment plan dated 02/01/18 included strategy/goal for FC #4 to "communicate with the use of American Sign Language (ASL), gestures, and some words, however he requires someone that can communicate his needs and wants on a day to day basis."</p> <p>Review on 11/28/18 of staff #1's personnel record revealed: - Date of Hire: 02/14/17. - No documented ASL training.</p> <p>Review on 11/28/18 of staff #2's personnel record revealed: - Date of Hire: 01/11/11. - No documented ASL training.</p> <p>Review on 11/28/18 of staff #3's personnel record</p>	V 108		

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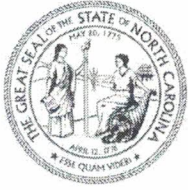
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V 108	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 02/07/12. - No documented ASL training. <p>Review on 11/28/18 of the GHM's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 04/05/11. - No documented ASL training. <p>Interview on 11/28/18 staff #1, #2 and staff #3 stated:</p> <ul style="list-style-type: none"> -They had not been trained in ASL. <p>Interview on 11/28/18 the GHM stated:</p> <ul style="list-style-type: none"> -She and the staff had not been trained in ASL. 	V 108		

Appendix 1-B: Plan of Correction Form

Plan of Correction	
<p style="text-align: center;">Division Of Health Services Regulation</p>	<p style="text-align: center;">United Residential Services of NC, Inc. United Residential Services of NC #2 6503 Kemper Ct. Fayetteville, NC 28314</p>
<p>Provider Name: United Residential Services</p> <p>Provider Contact: Jessie James</p> <p>Person for follow-up: Jessie James</p> <p>Address: 6503 Kemper Ct. Fayetteville, NC 28314</p>	<p>Phone: (910)-689-6993</p> <p>Fax:</p> <p>Email: Unitedresidentialservicesinc@yahoo.com</p>
<p>Finding</p> <p>V 108 Personnel Requirements This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide four of five audited staff (#1, #2, #3 and the Group Home Manager/GHM) with training to meet the MH/DD/SA (Mental Health/Developmental Disabilities/Substance Abuse) needs of Former Client #4 (FC) as specified in the treatment/habilitation plan for American Sign Language (ASL) training.</p>	<p>Corrective Action Steps</p> <p>Consumer is no longer in the facility. Sign language is no longer a client specific training need based on the current population of the home.</p> <p>Corrective action:</p> <p>The QP shall be responsible for identifying client specific needs as outlined in the ISP of each consumer and implementing training for staff to meet the needs of the consumer. The QP shall ensure that qualified trainers are utilized to train staff.</p> <p>Evidence of training shall be maintained in the client record.</p> <p>QA/QI processes shall review and ensure that training is completed as required.</p> <p style="text-align: right;"><i>[Signature]</i> 12/4/18</p>
	<p>Responsible Party</p> <p>QA/QI committee QP of URS Facility manager Facility staff</p>
	<p>Time Line</p> <p>Implementation Date: 12/4/2018</p> <p>Completion Date: 12/4/2018</p>



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 4, 2018

Jessie James
United Residential Services of N.C. Inc.
PO Box 25928
Fayetteville, NC 28314

Re: Follow Up and Complaint Survey completed 11/29/18
United Residential Services of North Carolina #2, 6503 Kemper Court,
Fayetteville, NC, 28303
MHL #026-694
E-mail Address: umnitedresidentialservicesinc@yahoo.com
Intake #NC00145325

Dear Ms. James:

Thank you for the cooperation and courtesy extended during the follow up and complaint survey completed 11/29/18. The complaint was unsubstantiated.

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

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

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 01/28/19.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 4, 2018

Jessie James

United Residential Services of N.C. Inc.

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

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

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

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at (252) 568-2744.

Sincerely,



Gloria S. Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
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