PRINTED: 02/12/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING:		COMP	LETED	
		MHL0601346	B. WING		01/	29/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
HARRISO	N HOME	12551 HA	SHANLI PLACE				
		MATTHEN	VS, NC 28105				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was deficiency was cited.	s completed on 1-29-19. A					
		d for the following service 27G 5600F Supervised / Groups in a Private					
V 109	v 109 27G .0203 Privileging/Training Professionals		V 109				
	10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS  (a) There shall be no privileging requirements for qualified professionals or associate professionals.  (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.  (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:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and  (7) clinical skills.  (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.  (f) The governing body for each facility shall develop and implement policies and procedures						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601346	B. WING		01	/29/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	ΓE, ZIP CODE	-		
HARRISO	N HOME		SHANLI PLACE				
		MATTHEN	NS, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 109	Continued From page	± 1	V 109				
	plan upon hiring each (g) The associate pro	associate professional.  ofessional shall be  fied professional with the  the period of time as					
	knowledge, skills, and population served. The Review on 1/28/19 of	ew and interview the I (QP) failed to display the I abilities required by the					
	assuring the clients ca	s included but not limited to are and needs were met by ative Living Family (AFL)					
	11/2018; - He was responsible medications were ord appropriately, day supclients were taken car Home; - There were two clienthome; - He had had two sup Provider; - He had read both clienthowever was unable to	sponsibilities as a QP in  for ensuring clients ered, goals were run oports were in place and the re of and safe in the AFL  ervisions with the AFL ents treatment plans to recall any of their goals;					
	<ul> <li>He had had two sup Provider;</li> <li>He had read both cli however was unable to He had not met face</li> </ul>	ents treatment plans					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	COMPLETED	
MIII 0004040		B. WING		04/00/0040		
		MHL0601346			01/29/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		12551 HA	SHANLI PLACE	<u> </u>		
HARRISO	N HOME			-		
		MATTHEY	/S, NC 28105			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	PRIATE	-
				,		
V 109	Continued From page	2	V 109			
		who both clients' legal				
	guardians were.					
	Interview on 1/29/19	with the AFL Provider				
	revealed:					
	- The QP had visited	the home to twice to provide				
	supervision;					
	- The QP checked the	hot water, assured				
		ıble locked and asked if any				
	assistance was needed;					
	- Felt the QP was an improvement from the					
	previous QP she work					
	previous Qr sile worr	cca with.				
	Intoniow on 1/29/10 v	with the Executive Director				
	Interview on 1/28/19 with the Executive Director					
	revealed: - She supervised the QP monthly and had an open door policy to meet as often as needed to					
	ask any questions or have discussions;					
	- QP had never mentioned his need for					
	assistance therefore she was unaware the QP					
	had no knowledge about some client specific					
	information;					
	- Her expectations of the QP's are to become					
	familiar with the clients basic information					
	necessary in order to provide assistance to the					
	AFL Providers.					
	Interview on 1/28/19 v	with the CEO revealed:				
	- The QP meeting wa	s held every Friday to				
	discuss caseloads, ask questions and receive					
	support as needed;					
	- The QP needed mor	re training.				
		<del></del>				
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