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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	T' '		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL036-068	B. WING		02/18/2	2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ELIZABET	H GROUP HOME		ABETH DRIVE NC 28034			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE 0	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	The complaint was su (#NC00148083). Defi	ciencies were cited.  d for the following service 27G 5600 Supervised Living nary Diagnosis is a				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS  (a) There shall be no privileging requirements for paraprofessionals.  (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.  (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.  (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.  (e) Competence shall be demonstrated by exhibiting core skills including:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and  (7) clinical skills.  (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision					

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

TITLE (X6) DATE

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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	
MHL036-068		B. WING		02/18/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ELIZABET	H GROUP HOME	1015 ELIZA DALLAS, N	BETH DRIVE C 28034			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 110	Continued From page	: 1	V 110			
	plan upon hiring each	paraprofessional.				
	one former staff (FC#	and record reviews one of  1) failed to demonstrate  vledge and communications				
	-Hire date of 12- -Trainings include (Crisis Alternative Tra	FS#1's record revealed: 11-14 ed client rights, 2-24-18, CAT ining) 11-5-18, NCI (North itions) 3-5-18,				
	investigation compete Quality Management -"The staff and re that verbal abuse in the and use of curse resident did occur." -"Additionally, the	the findings of the internal and 2-20-18 and signed by the Director revealed: esident interviews confirmed the form of a raised voice words to communicate with the impact of this interaction or both the resident involved other resident in the house."				
	report dated 1-24-19 -"[FS#1], a group abused adult on 12-1 upset, thinking she	home staff person, verbally 3-18. Adult cried and was had done something wrong. placed on suspension and was contacted immediately . The results of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING:			
			- T			
		B. WING				
MHL036-068		B. WING		02/18/201	19	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
		1015 FL I	ZABETH DRIVE			
ELIZABET	TH GROUP HOME		NC 28034			
			NC 20034	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) MPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
IAG	NEODEM ON TORK	is a second contract of the second contract o	IAG	DEFICIENCY)		
			+			
V 110	Continued From page	2	V 110			
	Interview on 2-18-10	with client #1 revealed:				
	-FS#1 "cussed m					
		nember what FS#1 had				
	said.					
	-"I was upset, I w					
		r, I didn't want her to get in				
	trouble."					
		ly time that FS#1 had cursed				
	at her that she could					
	I	d she was sorry and I said				
	OK. I tried to clear my					
	-She did like it at	the facility and had no				
	problems with the ren	naining staff.				
	Interview on 2-18-19	with client #2 revealed:				
	-She liked living	at the facility.				
	-She liked the sta	aff that was there.				
	-"[FS#1] told [clie	ent #1] to 'shut the h*** up.				
	She said it twice."	1				
		ace." (meaning her job)				
		ly time she had heard FS#1				
	curse					
		00% tip top since [FS#1] left."				
	Interview on 2-13-19	with the investigating Adult				
	Protection worker rev					
		ery happy at the facility.				
		still investigating the incident				
	but FS#1 had been si					
		•				
		ed that it did happen, but we				
	ald not feel she (clien	t #10 needed any protection.				
	Intensions on 0.40.40	with staff #2 rove alad:				
		with staff #3 revealed:				
		m when it happened"				
	_ =	telling [FS#1] that she				
	needed to buy pads.					
		ent #1] to 'shut the h*** up',				
	she was yelling at [cli	ent #1]."				
	-"I told [FS#1] tha	at was a little much and she				
	(FS#10 said that [clie	nt #1] liked the abuse."				

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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	
	MIII 026 060		B. WING		02/18/2019	
NAME OF D		MHL036-068		TE 7/0 000E	02/1	0/2019
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA BETH DRIVE	TE, ZIP CODE		
ELIZABET	H GROUP HOME	DALLAS, N				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
V 110	Continued From page	2 3	V 110			
	-"I text [facility make, then I saw her the learn in her eyes."  -Client #1 did not the incident and seen learn in her eyes."  -No client had ever in her eyes."  -No client had ever in her eyes."  -FS#1 would curs members.  -"She cussed members.  -"She cussed members."  Interview on 2-18-19  -She had not been the incident  -FS#1 did curse in "She had a terril"	anager] and told her to call e next day." It talk to me, but she had at seem to be obsessing over ned fine now. Her complained to her about this se routinely around staff at one time at a staff with staff #2 revealed: en at the facility the time of				
	revealed:  -FS#1 had been using curse words in  -Client #1 told he day as soon as she g  -Client #1 told he pads because she ha cycle, FS#1 kept  -"FS#1 yelled at  -'This was during  -"[Client #1] was really upset her."  -She then also ta confirmed what client  -Staff #3 also told communication skills	er she was asking FS#1 for d started her menstrual ignoring her. her to 'shut the h*** up'. I the AM meds." distraught, she was crying, it				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL036-068	B. WING		02	/18/2019
NAME OF PROVIDER OR S	UPPLIER		ODRESS, CITY, STA	TE, ZIP CODE		
ELIZABETH GROUP H	ELIZABETH GROUP HOME  1015 ELIZABETH DRIVE  DALLAS, NC 28034					
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
investigati -FS#1 true. -Since meetings t should be -They client right	suspender on and ther was saying the incider to talk to the talking to also had a s and what	d FS#1 during the n terminated her. If they had had resident e clients about how staff them. If staff meeting and went over the constituted abuse.  Surveyors phone calls on	V 110			

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