


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/12/2019
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NAME OF PROVIDER OR SUPPLIER THE UMBRELLA GROUP	STREET ADDRESS, CITY, STATE, ZIP CODE 4308 BRITLEY COURT GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 2/12/19. The complaint was substantiated (intake #NC00138248). 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		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 2/11/19 of the facility's fire drill log from 1/10/18-1/23/19 revealed: - No fire drill was conducted on first shift during</p>	V 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Juchonda Patrick

Executive Director

2/25/19

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>the first quarter of 2018 (January - March)</p> <ul style="list-style-type: none"> - No fire drill was conducted on third shift during the third quarter of 2018 (July - September) - No fire drill was conducted on third shift during the fourth quarter of 2018 (October - December) <p>Review on 2/11/19 of the facility's disaster drill log from 1/10/18-1/25/19 revealed:</p> <ul style="list-style-type: none"> - No disaster drill was held on first or third shift during the second quarter of 2018 (April - June) - No disaster drill was held on third shift during the third quarter of 2018 (July - September) - No disaster drill was held on third shift during the fourth quarter of 2018 (October - December) <p>Interview on 2/12/19 with the facility's Qualified Professional revealed:</p> <ul style="list-style-type: none"> - He would design a schedule for the staff to follow which indicated which shift a fire or disaster drill needed to be held on each month. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an</p>	V 133		

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V 133	Continued From page 2 applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available	V 133		
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V 133	<p>Continued From page 3</p> <p>upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of 	V 133		

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V 133	<p>Continued From page 4</p> <p>a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or</p>	V 133		
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V 133	<p>Continued From page 5</p> <p>Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for</p>	V 133		
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V 133	<p>Continued From page 6</p> <p>criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history record check within five business days of a conditional offer of employment affecting 1 of 3 audited staff (staff #1). The findings are:</p> <p>Review on 2/11/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/12/18 - Documentation the criminal history record check was not requested until 2/11/19 <p>Interview on 2/11/19 with the Director revealed:</p> <ul style="list-style-type: none"> - She could find no evidence a criminal history record check had been conducted prior to 2/11/19 on behalf of staff #1. 	V 133		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>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</p>	V 291		

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V 291	<p>Continued From page 7</p> <p>provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be 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.</p> <p>(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 review and interview, the facility failed to ensure coordination was maintained between the facility operator and the qualified professionals who were responsible for treatment/habilitation or case management affecting 1 of 3 clients (client #1). The findings are:</p> <p>Review on 2/8/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/15/14 - Diagnoses of Intellectual Disability, Mild and Schizophrenia 	V 291		

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V 291	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Client #1's legal guardian was the Department of Social Services (DSS) from his home county <p>Interview on 2/12/19 with client #1's DSS social worker revealed:</p> <ul style="list-style-type: none"> - Prior to his taking over client #1's case in May 2018, he was aware that client #1's former social worker had requested documentation from the facility which reflected when client #1 received his personal funds (\$66.00) each month and how those funds were being spent - He knew the former social worker had experienced difficulty with getting her request met; however, he did not know what the issue was, only that "it was just a challenge to get the information." - The former social worker "felt she was getting the runaround; it was an ongoing thing." - When he took over client #1's case in May of 2018, he requested the same information and had received it without difficulty - His request was addressed "actually pretty quick." <p>No attempt was made to interview client #1's former social worker as she had retired from DSS in April of 2018.</p> <p>Interview on 2/12/19 with the former social worker's Supervisor revealed:</p> <ul style="list-style-type: none"> - Prior to client #1's social worker's retirement in April/May 2018, she had requested the facility send her documentation of client #1 having received his personal funds (\$66.00) each month (April 2017-April 2018) and how the money was being spent - "They (facility/agency staff) never said no, but she would constantly have to ask them for it, and she just never received it." 	V 291		
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V 291	<p>Continued From page 9</p> <ul style="list-style-type: none"> - The former social worker "just wanted to be sure the client was receiving the funds and that the money was being used for his benefit." - Client #1's current social worker took over his case in May 2018 and asked for documentation - "[The current social worker] gets the documents just fine." <p>Interview on 2/12/19 with the facility's Qualified Professional and the Director revealed:</p> <ul style="list-style-type: none"> - A review of their emails did not reflect a request for the information in question - Client #1's current social worker had requested the information in May 2018 and they had evidence of the email and the documentation which was sent to the social worker by the Administrator. <p>Review on 2/11/19 of an email sent to client #1's legal guardian representative on 6/8/18 revealed:</p> <ul style="list-style-type: none"> - The facility's Administrator met the current social worker's request for information regarding the disbursement of client #1's personal funds. 	V 291		



Outward Bound Community Services

624 Guilford College Rd Suite E

Greensboro, NC 27409

Plan of Correction

February 25, 2019

NC DHHS-DHSR conducted an on-site review/survey at Outward Bound Community Services- (The Umbrella Group, LLC, MHL 041-903) This plan of correction is being implemented in order to immediately rectify identified standard level deficiencies associated with providing residential supports to each and every individual being served by the agency.

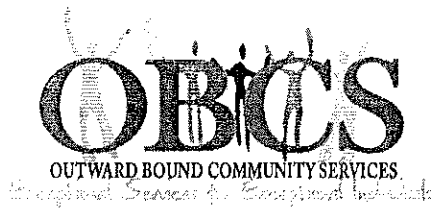
Summary of out of compliance findings:

10 A NCAC 27G .0207 Emergency Plans and Supplies

- (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.
- (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility
- (c) Fire and Disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.
- (d) Each facility shall have basic first aid supplies accessible for use.

Description of Corrective Actions:

Group Home Manager and QP at The Umbrella Group, LLC will create a schedule tailoring and identifying monthly fire and disaster drills. The schedule will be posted at the residential facility identifying which shift and which timeframe requirements will need to be completed. Ideally this will ensure there is a level of consistency and transparency across the board as it relates to ensuring fire and disaster drills are completed monthly, sufficiently/adequately and in a timely fashion.



Timetable for implementation and completion:

Within the next thirty days-March 14, 2019, Group Home Manager and QP will ensure all fire and disaster drills for every shift are completed and recorded accurately with evident documentation as proof that such has been completed and in a timely manner and or fashion.

Person responsible for ensuring the plan of correction is followed and implemented:

Group Home Manager and Qualified Professional will ensure the plan of correction is followed and implemented as written identifying that fire and disaster drills will be completed on each shift with adequate and sufficient documentation identified as proof that such has been completed per the posted scheduling.

Summary of out of compliance findings:

G.S. 122C-80 Criminal History Record Check Required for Certain Applicants for Employment

Description of corrective actions:

Administrator and or Executive Director at The Umbrella Group, LLC (Outward Bound Community Services) will ensure within 5 business days of a potential and or conditional offer of employment to an individual who will be providing residential support services that a criminal background check along with fingerprints is completed. Also as a part of the process if the individual has been a resident of the state for at least five years then only a state criminal record check will need to be completed, however if the individual has lived in the state for less than 5 years then a state and national criminal background check will need to be completed. Upon completion of such records and information all documents will become a part of the individual's employee personnel file

Timetable for implementation and completion:

Within the next forty five days-April 13, 2019 Administrator and or Executive Director at The Umbrella Group, LLC (Outward Bound Community Services) will ensure all state and national criminal, background and record checks are completed within 5 business days of a potential and or conditional offer of hire or employment.



Person responsible for ensuring the plan of correction is followed and implemented:

Administrator and Executive Director will ensure the plan of correction is followed and implemented as written with regards to timely completion and follow through of all state and national criminal background checks as it relates to those individuals who will be providing services to those served at the residential facility.

Summary of out of compliance findings:

10A NCAC 27G.5603 Supervised Living-Operations

Description of corrective actions:

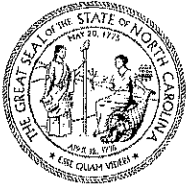
Qualified Professional/Executive Director will ensure on a quarterly basis either via email, fax or standard mail that all individuals who have guardian representatives at The Umbrella Group, LLC be sent documentation that conveys each individual at the residential facility is receiving personal funds-(\$66.00) adequately, consistently and sufficiently and in a timely manner each month. Confirmation emails and or other documentation will be identified, printed and placed in the individual's medical record book as proof that such has been completed and follow up on.

Timetable for implementation and completion:

Within the next forty five days-April 13, 2019 Qualified Professional/Executive Director will ensure documentation with regards to personal funds management-(\$66.00) reaches each and every individual's guardian representative in a timely fashion. Ideally to ensure a level of consistency and transparency is met across all settings and environments as it relates to the provision of residential support services at the agency.

Person responsible for ensuring the plan of correction is followed and implemented:

Qualified Professional/ Executive Director will ensure the plan of correction is followed and implemented as written with regards to timely completion and follow through of ensuring documentation is sent with regards to personal funds management and the individual's being serviced by the residential facility/agency.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 15, 2019

Trishonda Patrick, Director
The Umbrella Group
4308 Britley Court
Greensboro, NC 27406

Re: Annual, Complaint and Follow up Survey completed February 12, 2019
The Umbrella Group, 4308 Britley Court, Greensboro, NC 27406
MHL # 041-903
E-mail Address: outwardboundonellc@gmail.com
marksmith3151@yahoo.com
Intake #NC00138248

Dear Ms. Patrick:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed February 12, 2019. The complaint was substantiated.

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

- Re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 14, 2019.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 13, 2019.

What to include in the Plan of Correction

- 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.

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

February 15, 2019
The Umbrella Group, LLC
Trishonda Patrick, Director

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 Barbara Perdue at 336-861-6283.

Sincerely,

Debra M. Branton

Debra M. Branton, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: _DHSR_Letters@sandhillscenter.org