

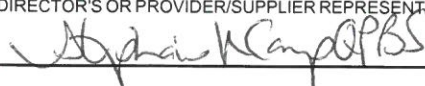
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 2-18-19. The complaint was substantiated (#NC00148083). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
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> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110	<p>DHSR - Mental Health</p> <p>MAR 04 2019</p> <p>Lic. &amp; Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Residential Program Manager	(X6) DATE 2/27/19
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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews one of one former staff (FC#1) failed to demonstrate competencies in knowledge and communications skills. The findings are:</p> <p>Review on 2-18-19 of FS#1's record revealed: -Hire date of 12-11-14 -Trainings included client rights, 2-24-18, CAT (Crisis Alternative Training) 11-5-18, NCI (North Carolina Interventions) 3-5-18,</p> <p>Review on 2-18-18 of the findings of the internal investigation completed 2-20-18 and signed by the Quality Management Director revealed: -"The staff and resident interviews confirmed that verbal abuse in the form of a raised voice and use of curse words to communicate with resident did occur." -"Additionally, the impact of this interaction has caused distress for both the resident involved and at least one other resident in the house."</p> <p>Review on 2-13-19 of Adult Protective Services report dated 1-24-19 revealed: -"[FS#1], a group home staff person, verbally abused adult on 12-13-18. Adult cried and was upset, thinking she had done something wrong. The staff person was placed on suspension and Human resources was contacted immediately to do an investigation. The results of the investigation will be decided tomorrow."</p>	V 110	<p>All staff are trained in Individual Competencies, CPR/FA, Client/Patient Rights, Crisis Avoidance Techniques, Medication Administration, Bloodborne Pathogens, Cultural Competence, Defensive Driving, Code of Ethics, HIPAA/Privacy, Incident Reporting, Innovations, Seizure Management, and Therapeutic Boundaries. All staff were retrained on Client/Patient Rights and Abuse/Neglect.</p> <p>All accusations of abuse and/or neglect are investigated and reported. Group Home Manager will continue to educate the individuals supported on their rights, as well as encourage individuals supported to always report to someone when abuse and/or neglect occurs. Easterseals UCP does not tolerate abuse and/or neglect of individuals supported, so when a staff is substantiated of committing abuse and/or neglect, staff is terminated.</p>	2/18/19

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V 110	<p>Continued From page 2</p> <p>Interview on 2-18-19 with client #1 revealed:                      -FS#1 "cussed me out."                      -She couldn't remember what FS#1 had said.                      -"I was upset, I was crying."                      -"I didn't cuss her, I didn't want her to get in trouble."                      -This was the only time that FS#1 had cursed at her that she could remember.                      -"She (FS#1) said she was sorry and I said OK. I tried to clear my mind."                      -She did like it at the facility and had no problems with the remaining staff.</p> <p>Interview on 2-18-19 with client #2 revealed:                      -She liked living at the facility.                      -She liked the staff that was there.                      -"[FS#1] told [client #1] to 'shut the h*** up. She said it twice."                      -"She lost her place." (meaning her job)                      -That was the only time she had heard FS#1 curse                      -"Everything is 100% tip top since [FS#1] left."</p> <p>Interview on 2-13-19 with the investigating Adult Protection worker revealed:                      -Client #1 was very happy at the facility.                      -The facility was still investigating the incident but FS#1 had been suspended                      -"We substantiated that it did happen, but we did not feel she (client #10 needed any protection.</p> <p>Interview on 2-18-19 with staff #3 revealed:                      -"I was in the room when it happened"                      -"[Client #1] was telling [FS#1] that she needed to buy pads. It escalated."                      -"[FS#1] told [Client #1] to 'shut the h*** up', she was yelling at [client #1]."                      -"I told [FS#1] that was a little much and she (FS#10 said that [client #1] liked the abuse."</p>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- "I text [facility manager] and told her to call me, then I saw her the next day."</li> <li>- "[Client #1] didn't talk to me, but she had tears in her eyes."</li> <li>- Client #1 did not seem to be obsessing over the incident and seemed fine now.</li> <li>- No client had ever complained to her about FS#1 cursing before this</li> <li>- FS#1 would curse routinely around staff members.</li> <li>- "She cussed me one time at a staff meeting."</li> </ul> <p>Interview on 2-18-19 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- She had not been at the facility the time of the incident</li> <li>- FS#1 did curse a lot</li> <li>- "She had a terrible mouth."</li> <li>- Client #1 blamed herself for FS#1 losing her job.</li> </ul> <p>Interview on 2-18-19 with the facility manager revealed:</p> <ul style="list-style-type: none"> <li>- FS#1 had been counseled before about using curse words in the presence of the clients.</li> <li>- Client #1 told her about the incident the next day as soon as she got to the facility.</li> <li>- Client #1 told her she was asking FS#1 for pads because she had started her menstrual cycle, FS#1 kept ignoring her.</li> <li>- "FS#1 yelled at her to 'shut the h*** up'."</li> <li>- "This was during the AM meds."</li> <li>- "[Client #1] was distraught, she was crying, it really upset her."</li> <li>- She then also talked with staff #3 who confirmed what client #1 had told her.</li> <li>- Staff #3 also told her that FS#1 had terrible communication skills and she played loud music and the way she talked to the clients was demeaning.</li> </ul>	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-They suspended FS#1 during the investigation and then terminated her.</li> <li>-FS#1 was saying that the allegation was not true.</li> <li>-Since the incident they had had resident meetings to talk to the clients about how staff should be talking to them.</li> <li>-They also had a staff meeting and went over client rights and what constituted abuse.</li> </ul> <p>FS#1 did not return surveyors phone calls on 2-18-19</p>	V 110		



February 27, 2019

Patricia Work  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: MHL #036-068

Dear Ms. Work,

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation complaint survey completed on February 18, 2019 at the Elizabeth Group Home, located at 1015 Elizabeth Drive, Dallas, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Stephanie Camp by phone at (704) 924-0028 or through e-mail at [stephanie.camp@eastersealsucp.com](mailto:stephanie.camp@eastersealsucp.com).

Respectfully submitted,

A handwritten signature in black ink that reads "Stephanie K. Camp QP BS".

Stephanie K. Camp, QP, BS  
Residential Program Manager  
Easterseals UCP

DHSR - Mental Health

MAR 04 2019

Lic. & Cert. Section