

Division of Health Service Regulation

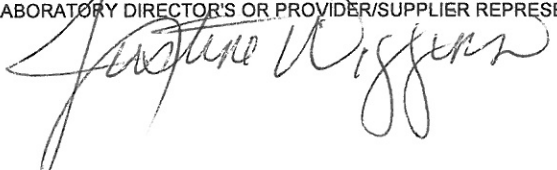
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-865</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>P H P OF NC INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 B PONY ROAD ZEBULON, NC 27597</b>
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V 000	INITIAL COMMENTS  An annual and complaint survey was completed on 2/7/19. Complaint intake #NC00142132 & NC00145381 was unsubstantiated & complaint intake #NC00144850 was substantiated. Deficiencies were cited.  This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs and 10A NCAC 27G .5400 Day Activity.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals  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	V 110		

**RECEIVED**  
By DHSR-Mental Health Licensure at 3:35 pm, Apr 08, 2019

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



TITLE *CEO*

(X6) DATE *2/4/19*

Division of Health Service Regulation

STATE FORM

6899

LUCB11

If continuation sheet 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-865</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/07/2019</b>
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<p>V 110</p>	<p>Continued From page 1 develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, record review &amp; interview the facility failed to ensure 2 of 3 audited staff (#1 &amp; #2) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/6/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- start date of August 2013</li> <li>- no documentation of disciplinary actions</li> </ul> <p>Review on 2/6/19 of staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- start date of May 2017</li> <li>- 12/20/18: discussed changes in consumer behaviors, redirecting negative behaviors &amp; interacting with consumers</li> <li>- no documentation of disciplinary actions</li> </ul> <p>Observation on 2/6/19 at 11:57am revealed the following:</p> <ul style="list-style-type: none"> <li>- surveyor in the conference room approximately 40 feet from the cafeteria - surveyor could hear a client whining &amp; someone state "Be quiet...I'm not going to hear that today!" in a stern voice</li> </ul> <p>During interview on 2/6/19 a staff reported:</p> <ul style="list-style-type: none"> <li>- the client that was whining was client #1 - she does not like to transition to different activities but liked to listen to her music - staff #1 requested client #1 to be quiet,</li> </ul>	<p>V 110</p>	<p>V110</p> <p>Inservice -Upper Management/Administrative Training (Professional Conduct, Code of Ethics, Confidentiality, Privacy, Company Policies, Management Skills) was completed 2/13/2019. Please see attached roster.</p> <p>From this point forward PHP of NC, Inc. will complete interaction/communication strategies annually and on a as needed basis.</p> <p>In-service on interaction/communication strategies was completed 4/1/19. Please see attached roster.</p>	
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<p>V 110</p>	<p>Continued From page 2 however staff #1 was a good worker &amp; was a compassionate person but her tone of voice could be deceiving</p> <ul style="list-style-type: none"> <li>- staff #2 was a good worker however she has to be reminded there was a way to speak to the clients...she gets frustrated with her 1:1 client</li> <li>- staff #1 and #2 are not verbally abusive to the clients however, there approach to redirect the clients could be better</li> <li>- staff/client interactions have been reported to the Qualified Professionals (QP), however not to the Program Director (PD)</li> <li>- the PD keeps a lot of negative interaction between staff going on, she tells staff personal business and when concerns are voiced, staff are treated differently</li> </ul> <p>During interview on 2/6/19 client #2 reported: - "[staff #2] is mean"</p> <p>During interview on 2/6/19 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #1 whines a lot and staff have to be strong and firm with her</li> <li>- she told client #1 to "be quiet" however it was meant in a motherly way</li> <li>- client #1 was nonverbal and abusive to herself</li> <li>- her tone of voice was strong...staff and management has spoke with her about the tone of voice she used</li> <li>- staff and management knew she was more of the "motherly" figure to the clients</li> <li>- she has not been written up for any reasons she was aware of</li> </ul> <p>During interview on 2/6/19 staff #2 reported: - "why am I in here" without smiling (upon request of surveyor asking for an interview)...surveyor explained her role -she reported she worked 1:1 with client #2</p>	<p>V 110</p>		
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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- client #2 behaviors were cursing, toileting issues and eating fast</li> <li>- she has not witnessed any client being mistreated....and she has not been written up for mistreatment of any clients</li> </ul> <p>During interview on 2/6/19 QP#1 reported:</p> <ul style="list-style-type: none"> <li>- she has written staff up for cell phone use on the job, but no disciplinary issues for staff mistreatment of clients</li> <li>- client #1 whined a lot and staff had to be firm with her...however, she was not in agreeance with staff telling a client to "be quiet"</li> <li>- she has talk with staff on how to correctly speak to the clients</li> <li>- client #2's behaviors could cause staff burn out so as of January 2019 she only has 1:1 two days a week and in group the rest of the week - staff felt comfortable speaking with the QPs about client concerns, however not the PD - the PD over stepped her boundaries at times by telling staff personal business and not treating staff like adults</li> <li>- she has requested staff to contact the Executive Director or Human Resources</li> </ul> <p>During interview on 2/6/19 QP#2 reported:</p> <ul style="list-style-type: none"> <li>- staff #1 was stern with the clients</li> <li>- she has not written staff #1 up however has spoke with her about how she spoke to the clients - she reminded her the clients are disabled with mental health issues</li> <li>- staff #2 has "one more strike" and she will be terminated</li> <li>- she was found sleeping on the job (not at the day program) but another service offered - staff does not feel comfortable reporting concerns to the PD but to the QPs</li> </ul> <p>During interview on 2/6/19 the PD reported:</p>	V 110	
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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- staff have been written up for cell phone usage while working with the clients</li> <li>- she was not aware of any other issues with staff or clients</li> <li>- she and the QPs will walk through the facility throughout the day to monitor client/staff interactions</li> <li>- staff #1 has a loud voice however was invested in the clients</li> <li>- staff #2 didn't like to take client #2 in the community due to toileting issues, however she has not witnessed any issues with client #2 &amp; staff #2</li> </ul> <p>During interview on 2/6/19 the Executive Director reported:</p> <ul style="list-style-type: none"> <li>- she visited the facility at least twice a month - she monitored the client/staff interactions while she was there</li> <li>- there were no concerns during her observations or visit</li> <li>- no concerns have been reported to her about the PD, staff or clients</li> <li>- staff receive annual training on interactions with clients and person centered training</li> </ul> <p>During interview on 2/6/19 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she often make visits to the facility</li> <li>- she has not witnessed any concerns during her visits</li> <li>- staff has her personal contact number if they have any concerns</li> <li>- she has spoken with the QPs and they have informed her that everything was going well</li> <li>- she reminds staff to offer choices to the clients &amp; promote client independence</li> <li>- the PD has been there 5 years and runs a tight shift</li> <li>- a lot of parents praise staff #1 because she worked with the clients so well</li> </ul>	V 110		

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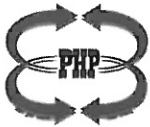
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V 110	Continued From page 5 - she was not aware of anyone sleeping on the job, however was aware of cell phone usage at the job - cell phones are requested to be left at the receptionist area - most concerns may have been reported to human resources - she has not read any disciplinary actions in any staff records in regards to staff/client interactions	V 110		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit. The findings are:  Observation on 2/6/19 between 11:15am - 11:21am revealed the following: - the men's bathroom sink had a temperature of 80 degree's Fahrenheit - the women's bathroom sink temperature was 80 degree's Fahrenheit - the kitchen sink water temperature was 82 degree's Fahrenheit	V 752		

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V 752	Continued From page 6  During interview the Licensee reported: - she was not aware of the facility's low water temperatures - there are repairs being completed at the facility that may have affected the water temperatures	V 752	<b>V752</b>  From this point forward PHP of NC, Inc. will ensure the water temperature adheres to required regulations (between 100-116 degrees Fahrenheit).  Policy and procedures have been developed and implemented (Health and Safety Manual).  Please see attached letter from Norwood Plumbing, Inc. correcting water temperature and policy and procedures.	





**P.H.P. of N.C., Inc.**

1500 East Club Blvd, Durham, NC 27704  
(919) 220-0021 o (919) 220-4555 f  
www.phpofncinc.com

Teaching. Touching. Transforming.  
One Another Individual Lives Our Community

### In-service Training Registration / Record

DATE OF TRAINING: 2/13/2019

LOCATION: Zebulon

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

TRAINER(S)  
Karen Jones  
Justine Wiggins

TITLE(S)  
Ex Dir  
CEO

Upper Management / Administrative Training

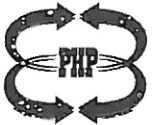
BRIEF DESCRIPTION: Professional Conduct, Confidentiality, Privacy, Company Policy, management / Supervisory skills

ATTENDED BY

PRINTED NAME

SIGNATURE

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### In-service Training Registration / Record

DATE OF TRAINING: 4/1/2019

LOCATION: Zebulon

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

TRAINER(S)  
Maren Jones  
Chris Flood

TITLE(S)  
Ex Director  
Program Director

BRIEF DESCRIPTION: Interaction/Communication Strategies

ATTENDED BY

PRINTED NAME

SIGNATURE

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Our Community

## In-service Training Registration / Record

DATE OF TRAINING: 4/1/2019

LOCATION: Zekular

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

TRAINER(S)

TITLE(S)

Karen Jones  
Ann Flood

Executive Dir  
Program Director

BRIEF DESCRIPTION: Interaction / Communication Strategies

ATTENDED BY

PRINTED NAME

SIGNATURE

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# Norwood Plumbing, Inc.

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P.O. Box 699  
6618 Highway 15 N  
Oxford, NC 27565  
(919) 690-8813

3/14/2019

To whom it may concern:

This is to advise you that on February 15, we were dispatched to 700 Pony Road Suite B, Zebulon, NC and set a hot water temperature to 116 degrees.

If you have any questions, please feel free to call us at the above number.

Sincerely,  
Matthew Norwood  
Owner



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## Water Temperature

### **Purpose:**

To identify consistent practices to ensure that water temperatures remains within a safe designated temperature range (100-116) degrees Fahrenheit.

### **Policy:**

PHP of NC, Inc.'s goal is to provide its consumers and employees with a safe facility. The following will help management adhere to rules and regulations (10A NCAC 27G. 0304) Facility Design and Equipment (water temperature check).

### **Procedures:**

- Water temperature will be checked on a weekly basis;
- Let the hot water run from the faucet for 3 to 5 minutes;
- Insert the stem of the thermometer into the stream of running water, so that the sensor is fully immersed;
- Hold the thermometer in the streaming water, temperature should register in about 10 to 15 seconds;
- As the temperature of the water is taken, hold their hand under the running water at about the same time to assess how the water feels on their skin;
- Document temperature on the water temperature log.

If the water temperature does not fall within the guidelines report to Safety Manager. Management must promptly fix or repair any item necessary for the continued operation of the business. In the event an accident occurs, incident and accident procedures will be followed.