

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2019
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #8	STREET ADDRESS, CITY, STATE, ZIP CODE 937 GLENCOE STREET WINSTON SALEM, NC 27107
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on March 22, 2019. The complaints (Intake #NC00149609) and (Intake #NC00149623) were substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illnesses.</p>	V 000	<div data-bbox="971 583 1344 655" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 9:00 am, Apr 10, 2019</p> </div>	
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"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <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><i>staff member #1 will immediately be removed from client care and terminated</i></p>	

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

TITLE

(X6) DATE

Kerla Spawey

Agency Director

4/1/19

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V 110	Continued From page 10 alcohol in [staff #1]'s room which is also the staff's office ...The house did not smell of anything. We did not see anything ..." -Most of the clients have substance abuse issues and "I would never put them in a situation where they were exposed to marijuana ..." Interview on 3/21/19 with the Qualified Professional #2/Administrator revealed: -Had no knowledge of staff #1 abusing any substances while on duty at the facility. -"We do not allow any drug or alcohol use at the facility and [staff #1] had been informed of that."	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	V 112	treatment plan for client #1 will be updated to address his; probation requirements, agitation, and non-adherence to medication	

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V 112	Continued From page 13 ..." Interview on 3/21/19 with the Qualified Professional #2/Administrator revealed: -The QP #1 was responsible for the treatment plans which included goals and strategies based on a client's assessment -Was aware client #1 was on probation because he was readmitted to the facility after his incarceration -Was also aware of client #1's refusal to have his blood pressure checked daily, his refusal of prescribed medications at times and his level of agitation which results in verbal aggression. -"How he is presenting himself now is a new behavior for us ..."	V 112		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a	V 132	<i>please see attach plan of protection</i>	

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V 132	<p>Continued From page 15</p> <p>Interview on 3/21/19 with the Qualified Professional #2/Administrator revealed:</p> <ul style="list-style-type: none"> -The HCPR was not notified of the allegation of physical abuse to client #1 by staff #1 -"Since [client #1] recanted his story, we did not notify the HCPR. He originally stated he fell down the steps and that is how he got the injuries to his back ..." -Staff #1 remained on the schedule and continued to work at the facility after the allegations of abuse by staff #1 on 3/11/19 -Staff #1 was not removed from the scheduled until 3/14/19 -Was not aware of the allegation of staff #1 pouring water on client #4 and his food -Was not aware of the allegation that staff #1 grabbed client #4's wrist and tried to slap a cigarette out of his hand. <p>This deficiency is crossed referenced into 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 132		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p>	V 318	<p><i>please see attached plan of protection</i></p>	

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V 318	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry (HCPR) of all allegations against health care personnel and report the results of the investigation. The findings are:</p> <p>Review on 3/20/19 of the facility's Level III incident report for 3/11/19 revealed: -No level III incident was submitted to the HCPR within the mandated time frame</p> <p>Interview on 3/21/19 with the Qualified Professional #2/Administrator revealed: -The HCPR was not notified of the allegation of physical abuse to client #1 by staff #1 Division of Health Service Regulation -"Since [client #1] recanted his story, we did not notify the HCPR. He originally stated he fell down the steps and that is how he got the injuries to his back ..." -Was not aware of the allegation of staff #1 pouring water on client #4 and his food -Was not aware of the allegation that staff #1 grabbed client #4's wrist and tried to slap a cigarette out of his hand.</p>	V 318		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the</p>	V 367	<p><i>please see attached plan of protection</i></p>	

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V 367 Continued From page 20

#2/Administrator (QP #2/A) were made aware, immediately, on 3/11/19, of the allegation of physical abuse by staff #1.

- "She did not put it in IRIS within 24 hours, but on Thursday (3/14/19) or Friday (3/15/19), she called for additional information on the incident ..."

- Does not know why the QP #2/A did not submit the incident report within 24 hours

- Was not aware of client #4's allegation of having his wrist grabbed by staff #1 or staff #1's attempt to slap a cigarette out of his hands.

Interview on 3/21/19 with the QP #2/A revealed:

- Was responsible for submitting Level II and Level III incident reports into the Incident Response Improvement System (IRIS).

- "I learned a little bit about the incident with the staff on Tuesday, 3/12/19, after [client #1] was interviewed by [the QP #1], I learned even more about it on Friday (3/15/19) ... I had gotten a call from [the LME] that the incident was to be submitted as a level III and not a level II. In our account the consumer made the allegations while at the PSR Program. [Client #1] admitted to making up the incident to get [staff #1] fired ... We did not do a full IRIS report ..."

- Was not aware of staff #1 pouring water on client #4 and his food.

- Was not aware staff #1 grabbed client #4's wrist and attempted to slap a cigarette out of his hand.

V 367

V 512 27D .0304 Client Rights - Harm, Abuse, Neglect

10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION

(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.

(b) Employees shall not subject a client to any

V 512

please see attached plan of protection

Plan of Protection-Completed by Staff

What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?

1. The Incident Report concerning the assault was placed in the IRIS system by the Administrator on 3/15/2019. We will immediately schedule and insure retraining in HCPR, reporting requirements.
2. The report was entered into the Healthcare Registry on 3/15/2019. We will immediately schedule Abuse-Neglect-Exploitation-Harm training.
3. The Administrator and the MHQP will retrain immediately in the IRIS system.
4. The staff member been removed permanently from employment with Sharpe and Williams Group Homes and is ineligible for rehire.
5. We will continue to meet with staff and clients weekly announced and unannounced visits to ensure the clients safety well-being and protection documenting each visit.

Describe your plans to make sure the above happens.

1. I will be responsible for ensuring the Incident report has been recorded in IRIS on 3/15/2019. Documentation will be provided for HCPR reporting requirements.
2. I will be responsible for ensuring the report of the incident has been recorded in the Healthcare Registry 3/15/2019. Documentation will be provided for Abuse-Neglect-Exploitation-Harm training.
3. I will be responsible for ensuring the training in the IRIS system will be completed by the Administrator and the MHQP, Documentation will be provided.
4. I will be responsible for ensuring the termination letter will be provided for the staff member immediately for review.
5. An outside agency QP will oversee these improvements occur within the plan of protection and document all findings.

Facility staff Completing this form:

Melvin Clark HA Supervisor

Date 3/22/2019