

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLY ANGELS INC - THE CARRABAUN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 303 MCAULEY CIRCLE BELMONT, NC 28012
---	--

(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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on May 14, 2019. The complaint was unsubstantiated (Intake #NC00150910). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify Health Care Personnel Registry (HCPR) within 24 hours of learning about all allegations of abuse affecting 1 of 2 audited staff (Staff #4). The findings are:</p> <p>Review on 5/14/19 of Staff #4's record revealed: -Hire date of 10/6/95; -Employed as Group Home Manager.</p>	V 318	<p>As follow up correction, a report was filed with the North Carolina Health Care Personnel Registry on 5-15-2019 by Chief Operating Officer (COO) Kerri C. Massey. Please see attached documentation.</p> <p>To prevent an occurrence of similar incident, Holy Angels will ensure that all supervisory staff responsible for reporting such violations, receive a formal retraining on policies and protocols. This will occur in upcoming Continuous Quality Improvement Committee meetings and individual supervision meetings.</p> <p>The COO will monitor any future complaints to ensure compliance with internal and external regulatory guidelines.</p>	To be completed by 06/16/2019

Regina Massey

5/24/19

DHSR - Mental Health

MAY 29 2019

Lic. & Cert. Section

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

TITLE

(X6) DATE

STATE FORM

6899

M6GV11

If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLY ANGELS INC - THE CARRABAUN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 303 MCAULEY CIRCLE BELMONT, NC 28012
---	--

(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
V 318	<p>Continued From page 1</p> <p>Review on 5/13/19 of the facility's Incident Reports revealed: -No incident report regarding the allegation of abuse involving Staff #4; -No notification to HCPR regarding the allegation of abuse involving Staff #4.</p> <p>Review on 5/13/19 of the facility's Internal Investigation revealed: -The allegation of abuse involving Staff #4 was unsubstantiated.</p> <p>Interview on 5/13/19 with the Chief Operating Officer revealed: -Did not realize an incident report and report to HCPR needed to be completed for the allegation of abuse involving Staff #4. Will ensure this is completed in a timely fashion should an allegation of abuse involving a staff member happen in the future.</p>	V 318		

Division of Health Service Regulation

<p>V 367</p>	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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 consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic</p>	<p>V 367</p>	<p>The internal reporting policy was revised for clarification on reporting allegations of abuse, neglect or exploitation. See attached policy for documentation.</p> <p>To prevent an occurrence of similar incident, Holy Angels will ensure that all supervisory staff responsible for reporting such violations, receive a formal retraining on policies and protocols. This will occur in upcoming Continuous Quality Improvement Committee meetings and individual supervision meetings.</p> <p>The COO will monitor any future complaints to ensure compliance with internal and external regulatory guidelines.</p> <p>All staff working in the Carrabaun Home and other three Adult Care Homes were retrained on Holy Angels reporting requirements. This was completed by the Vice President of HR.</p>	<p>To be completed by 06/16/2019</p> <p>Completed on 5/13/2019</p>
--------------	--	--------------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLY ANGELS INC - THE CARRABAUN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 303 MCAULEY CIRCLE BELMONT, NC 28012
---	--

(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
V 367	<p>Continued From page 2</p> <p>means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion</p>	V 367		

Division of Health Service Regulation

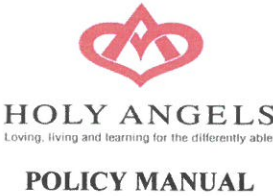
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
NAME OF PROVIDER OR SUPPLIER HOLY ANGELS INC - THE CARRABAUN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 303 MCAULEY CIRCLE BELMONT, NC 28012	
(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)
V 367	<p>Continued From page 3</p> <p>or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area;(4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents to the local managment entity responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 5/14/19 of Staff #4's record revealed: -Hire date of 10/6/95; -Employed as Group Home Manager.</p>	V 367	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLY ANGELS INC - THE CARRABAUN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 303 MCAULEY CIRCLE BELMONT, NC 28012
---	--

(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
V 367	<p>Continued From page 4</p> <p>Review on 5/13/19 of the facility's Incident Reports revealed: -No incident report regarding the allegation of abuse involving Staff #4;</p> <p>Reveiw on 5/13/19 of the facility's Internal Investigation revealed: -The allegation of abuse involving Staff #4 was unsubstantiated.</p> <p>Interview on 5/13/19 with the Chief Operating Officer revealed: -Did not realize an incident report needed to be completed for the allegation of abuse involving Staff #4. Will ensure this is completed in a timely fashion should an allegation of abuse involving a staff member happen in the future.</p>	V 367		

	Section:	Client Rights
	Title:	Reporting of Abuse, Neglect and Exploitation
	Policy #:	423
	Standards:	10A NCAC 27D .0304 NCGS §122C 65 & 66 42 CFR §483.420(a)(5)
	Effective Date:	10-16-00
	Approved by:	President/CEO

Review / Revision Dates:

Review:	01-10-06	Revision:	05-15-2019
Review:	07-01-09		
Review:	07-01-18		

Policy Statement:

It is the policy of Holy Angels that staff or volunteers shall report all incidents of actual, suspected, or alleged acts of neglect, abuse, or exploitation, including but not limited to: physical, nutritional, psychological, verbal or sexual. In addition, all reported incidents or rights violations shall be investigated and documented and corrective actions shall be taken, as applicable. These strategies are designed to protect the most basic rights of the residents of Holy Angels.

Procedures:

An employee of Holy Angels who witnesses or has knowledge of a violation of abuse, neglect or exploitation or an accidental injury to a client shall report the violation or accidental injury to authorized personnel designated by Holy Angels immediately upon their knowledge of the incident. No employee making a report may be threatened or harassed by any employee or volunteer on account of the report. Violation of this subsection is a Class 2 misdemeanor and punishable by law. Employees will report to their direct supervisor and complete designated paperwork.

It is the policy of Holy Angels that the identity of the individual who makes a report or who cooperates in an ensuing investigation may not be disclosed without his consent, except to persons authorized by Holy Angels or by state or federal law to investigate or prosecute these incidents, or any grievance or personnel hearing or civil or criminal action in which a reporting individual is testifying, or when disclosure is legally compelled or authorized by judicial order. This policy shall not be interpreted to require the disclosure of the identity of an individual where it is otherwise prohibited by law.

It is the policy of Holy Angels that any employee that makes a report in good faith under this policy is immune from any civil liability that might otherwise occur from the report. In any case involving liability, making of a report under this policy is prima facie evidence that the employee acted in good faith. The duty imposed by this policy is in addition to any duty imposed by GS 7 B-301 or GS 108 A-102. Holy Angels shall investigate or provide for the investigation of all reports made under the provisions of this policy,

Holy Angels will report all instances of suspected abuse, neglect, or exploitation to Gaston County's Department of Health and Human Services (DHHS). Additionally a report will be completed to North Carolina's DHHS via the Incident Response Improvement System (IRIS). This report will be completed by the CEO or designee. Holy Angels will also report allegations involving a staff member to the North Carolina Health Care Registry.

It is the policy of Holy Angels that an employee or volunteer, other than part of generally accepted medical or therapeutic procedure, who knowingly causes pain or injury to a client or borrows or takes personal property from a

client is guilty of a class 1 misdemeanor. Any employee or volunteer who uses reasonable force to carry out the provision of GS 122C-60 and 10A NCAC 27D.0101 or to protect himself or others from a violent client does not violate client rights.



NC DEPARTMENT OF
**HEALTH AND
 HUMAN SERVICES**
 Division of Health Service Regulation

ROY COOPER • Governor
 MANDY COHEN, MD, MPH • Secretary
 MARK PAYNE • Director

May 20, 2019

Ms. Regina Moody, Administrator
 Holy Angels, Inc./carrabaun Group Home
 6600 Wilkinson Boulevard
 Belmont, NC 28012

Dear Ms. Moody:

Thank you for the report to the Health Care Personnel Registry Section regarding the following incident: [REDACTED] allegedly abused a resident (M.R.).

The Department is responsible for screening allegations to determine if the reported allegation requires an investigation by the State for listing on the Health Care Personnel Registry. In screening the reported allegations, the Department strives to ensure the safety of residents and to assure that the rights of the accused are protected. After carefully reviewing the reported allegation, the Department has determined that an investigation will not be conducted in this case.

I would appreciate you contacting me if you disagree with our assessment of the case or have reason to believe a full investigation should be initiated. If you have any questions or we may be of assistance, please contact us. Please reference the control NA number shown below with any future correspondence.

Sincerely,

Sherri Clark BA, RN

Sherri Clark, BA, RN
 Nurse Consultant I
 Health Care Personnel Investigations
 PO Box 1181
 Mount Pleasant, NC 28124
 Phone: (704) 436-7351 Fax: (704) 436-2567

NA-05-0149-19

DHSR - Mental Health
 MAY 29 2019
 Lic. & Cert. Section



HOLY ANGELS

Loving, living and learning for the differently able.

May 23, 2019

Ms. Eileen Sanchez
Facility Compliance Consultant 1

Mental Health Licensure and Certification Section
NC Department of Health and Human Services
Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699

Re: Plan of Correction-Carrabaun Home

Dear Ms. Sanchez,

Enclosed you will find the completed Plan of Correction along with supporting documentation for the Complaint Survey completed on May 14th, 2019.

Please do not hesitate to contact me if there are any further questions.

Sincerely,

Regina Moody, President/CEO
Holy Angels Inc.

DHSR - Mental Health

MAY 29 2019

Lic. & Cert. Section