

Division of Health Service Regulation

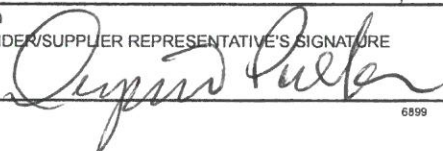
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIRPARK RESIDENTIAL FACILITY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1513 LEXINGTON AVENUE GREENSBORO, NC 27403</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 May 14, 2019. The complaint (Intake #NC00150612) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Mental Illnesses.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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 obtained.</p>	V 112	<p><b>DHSR - Mental Health</b></p> <p><b>JUN 18 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

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



TITLE

*DP* 6/14/19

(X6) DATE

**Plan of Correction**  
 June 1, 2019

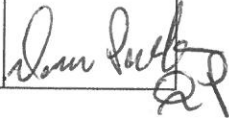
Mental Health Licensure and Certification Section  
 NC Division of Health Service Regulation  
 2718 Mail Service Center  
 Raleigh, NC 27699-2718

Laura Rodriquez,

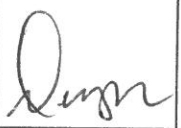

Based on the complaint survey conducted on May 14 by the NC Division of Health Service Regulation, VIRPARK, INC has plans to implement the following plan of correction to address the deficiency that was identified during the survey. We would like to thank your team for conducting a thorough and professional review.

Thank You,

Virginia Parker  
 Director/Qualified Professional  
 Virpark Inc Residential

Deficiency	Plans to Correct & Prevent	Who Will Monitor	Frequency of Monitoring
<b>Provider Complaint Monitoring</b>			
V 112 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 obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to develop and implement	<b>Person Responsible:</b> Virpark's Qualified Professional (QP)  <b>Prevention Action:</b> Virpark's entire received training on identifying sexually aggressive or predatory behaviors that should trigger a revision to a person's treatment plan or behavior plan. Completed: 5/31/19  <b>Corrective Action:</b> The Director/QP and reviewed treatment plans for all people served and reassessed whether all needs are addressed in the plans, and updated plans as needed. Completed: 5/20/19	Virginia Parker, Director/QP  Theresa Greenwood/ Human Rights Committee Chair/QP	Annual training  Semi-Annually  

<p>strategies in the treatment/ habilitation plan to address the client's needs affecting 1 of 1 Former Client (FC #1).</p>			
<p>V 367 27G .0604 Incident Reporting Requirements 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 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 means. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report a Level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident.</p>	<p><b>Preventative Action:</b> Virpark's QP will report all Level II and Level III incidents to the LME with 72 hours of learning of an incident. In the situation cited, the director/QP did not learn of the December incident until April.</p> <p><b>Corrective Action:</b> IRIS report for arrest of a (FC #1) person served was completed on May 17.</p>	<p>Virginia Parker, Director/QP  Sandhills Center/ LME</p>	<p>Quarterly</p>
<p>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 sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p>	<p><b>Preventative Action:</b> On Feb 18, the Director/QP had six security cameras installed at the Lexington location in common areas and outside entryways for the safety of those who live and work in the home.</p> <p>On May 9, with approval from the Human Rights Committee, staff started documenting sleep checks, which involves looking into bedrooms to determine that the person is present, awake or sleeping, at all Virpark facilities.</p> <p>On May 14, the Director/QP developed a plan of protection that will be monitored by the chairperson for the Human Rights Committee.</p> <p>The Director/QP will continue to review medical visit notes for</p>	<p>Virginia Parker, Director/QP  Theresa Greenwood/ Human Rights Committee Chair/QP</p>	<p>Weekly  Weekly  Quarterly  Monthly</p> <p><i>Dunn Parker</i> <i>al</i></p>

	<p>information that may trigger a need to update the person's treatment plan or call a meeting to review their behavior plan. After reviewing the deficiency regarding FC #1's April 2 appointment, the QP requested full visit notes from the psychiatrist office. These notes were not sent home with FC #1 initially and had to be purchased from the office in June. The QP will check for full visit notes after appointments and follow-up with offices that do not send full notes in a timely fashion.</p> <p><b>Corrective Actions:</b> All employees attended a 3-hour training session with an in-person trainer titled: "Working with People with I/DD Diagnoses who Exhibit Sexual Problems or Predatory Behaviors and Protecting People Served from Abuse, Neglect and Exploitation" Training outcomes include being able to identify sexual behaviors, language and signs that need to be addressed in treatment plans, and increased understanding of abuse, neglect and exploitation policies. Abuse, Neglect and Exploitation training will be completed annually.</p>		
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