STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL034-260 CTETET A					(X3) DATE SURVEY COMPLETED 07/17/2019	
IAME OF PF	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
NDEPEND	ENCE GROUP HOME			00		
			DN-SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	on 7/17/19. The com	laint survey was completed plaint was substantiated 3). Deficiencies were cited.				
	category: 10A NCAC	d for the following service 27G .5600F Alternative sted Family Living (AFL).				
V 110	27G .0204 Training/Supervision Paraprofessionals		V 110			
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional professional as speci Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system then qualified profess professionals shall de	fied in Rule .0104 of this s shall demonstrate l abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: dge; ss;				
	(f) The governing bo develop and impleme	dy for each facility shall ent policies and procedures individualized supervision paraprofessional.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-260					(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		07/17/2019		
iame of Pf	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	DENCE GROUP HOME		ROSLAND ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 1	V 110			
	This Rule is not met as evidenced by: Based on record reviews and interviews one of three staff (staff #1) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:					
	-An admission date o -Diagnoses included Post Traumatic Stres	Major Depressive Disorder, s Disorder, Attention Deficit er, and Mild Intellectual				
	Review on 7/17/19 of -A hire date of 5/19/1 -A job title of Habilitat					
	-He had called client -He had been lying o closed listening to the	n the couch with his eyes				
	was a little loud; -"I didn't even know [-"I would have been g	client #1] was in there;" glad to just turn it off;" plug out of the cable box and				
	started yelling at him -"I guess I just lost m	and calling him names;				
		I knew I shouldn't have."				
	Review on 7/17/19 of alth Service Regulation	a Synopsis of Situation				

STATE FORM

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		E SURVEY PLETED	
			A. BUILDING:			
		MHL034-260	B. WING		07/17/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
NDEPENI	DENCE GROUP HOME		OSLAND ROAD	00		
			N-SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 2	V 110			
	completed by the Qu revealed: -Date of incident: 6/1 -The QP had receive #1 reporting that staff a*****e; -The QP immediately about the allegation; -Staff #1 reported that couch, icing his hip a -Client #1 had entered turn down the volume -The staff had complit the client that he had result of a stroke; -The client interrupted that the volume was -Before the staff had the client unplugged -The staff admitted that an a*****e; -"He [staff #1] admitted poorly, and added that abruptness and seven as well as being offer lack of concern." Review on 7/17/19 of Warning Notice comp -Employee Name: St -Type of Offenses: R -Description of Infrac	alified Professional (QP) 8/19; d a telephone call from client f #1 had called him an r called staff #1 to ask him at he had been lying on the nd listening to the news; d the room and asked him to e of the television; ed and attempted to inform a hearing impairment as a d the staff and informed him still too loud; time to adjust the volume, the television; eat he had called the client ed that he had reacted at he was both startled by the rity of [client #1's] approach, nded by his actions and his f a Review of Employee pleted by the QP revealed : aff #1; st Warning; udeness to Customers;				
	-"He (staff #1) in television and began hearing difficulties;"	down the television;" itially turned down the to explain to [client #1] his ed him (staff #1) to turn the				

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If continuation sheet 3 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-260		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		B. WING		07/17/2019		
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
IDEPENI	DENCE GROUP HOME		OSLAND ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 3	V 110			
	able to turn it down;" -[Staff #1] then r poorly, as he called h Interview on 7/17/19 -"He's (staff #1) got a -Staff #1 was going to -Staff #1 had some p going to have to learn	with the QP revealed: a written write up;"				
	alth Service Regulation					

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