Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C 06/17/2019 B. WING MHL041-752 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1309 GORRELL STREET **GORRELL GROUP HOME** GREENSBORO, NC 27406 (X5) PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS RECEIVED A complaint survey was completed on 6/17/19. By DHSR - Mental Health Lic. & Cert. Section at 3:33 pm, Jul 19, 2019 The complaint was unsubstantiated (intake #NC00152040). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability. V 110 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 develop and implement policies and procedures for the initiation of the individualized supervision TITLE Operations Mgs (X6) DATE 7-3-19 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B WNG MHL041-752 06/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1309 GORRELL STREET **GORRELL GROUP HOME** GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 110 Continued From page 1 V 110 The staff person in question will be 7-5-2019 plan upon hiring each paraprofessional. re-trained in client specifics, placed on a 60 day probation and paired with another staff person to ensure he understands the client's needs. Such as agencies expectations for care of this individual including but not limited to, changing frequency This Rule is not met as evidenced by: Based on record reviews and interviews the of diapers, bed chucks & bed linens, facility failed to ensure one of two staff (staff #1) toileting, transfers and eating. demonstrated knowledge and skills required by the population served. The findings are: QP will monitor client/staff weekly Review on 6/17/19 of staff #1's personnel record during the probationary period for revealed: proper protocol for this individual -A hire date of 12/17/18; as it relates to proper attention to -A job description for a paraprofessional; -Consumer Specific trainings were completed on changing diapers, bed linen, 12/21/18 and 4/1/19; transfers, toileting and eating. If -Core Competency training was completed on the staff person fails to perform 12/18/18; adequately, he will be terminated. -A Disciplinary Action form completed on 5/30/19 that included: Once the standard of care has -Staff was utilizing electronic devices while reached expectations the QP will working; continue to monitor once a month. -Staff was suspended from 6/7/19-6/10/19. Review on 6/13/19 of client #1's record revealed: -An admission date of 10/4/10; -The client had been declared incompetent and was appointed a Guardian on 11/5/10; -Diagnoses included Impulse Control Disorder. Severe Intellectual Developmental Disability, an intracranial injury and sexual sadism. Interview on 6/13/19 with staff #1 revealed: -Client #1's care coordinator arrived at the facility at approximately 4:50pm on 5/23/19 to visit with

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		MHL041-752	B. WNG		06/17/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
1309 GORRELL STREET					
GORRELL GROUP HOME GREENSBORO, NC 27406					
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION	
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V 110	Continued From page 2		V 110		
	-All 3 of the clients we	ere in their bedrooms;			
	-"I had my electronic device (game system) with				
	me;"				
	-He had been using his game system to watch a				
	movie;				
	-"I just paused it like I usually do;" -The care coordinator had asked him why client				
	#1 had no sheets on his bed and why he was				
	wearing 2 adult briefs that were both wet;				
	-He thought since the client continuously wet the				
	sheets, he would leave them off the bed and				
	instead have the client lie on 2 changing pads;				
	-"I didn't know it (no sheets on the bed) was an				
	issue;"				
	-"The sheets were clean and in his room but not				
	on his bed;" -"He (client #1) gets changed every couple of				
	hours:"				
	-The client had been wearing 2 adult briefs;		.		
	-"I'm new to this;"		1		
	-"That's (putting 2 adult briefs on the client) the				
	only way I knew to keep this contained;"				
	-"I'm still in the proces				
		ed changing client #1's			
	diaper more frequently				
	requirement of every				
		g at the facility for 1 1/2 iously worked at another			
	facility owned by the L				
	lacility owned by the L				
	Interview on 6/13/19 v	with staff #2 revealed:			
	-He had assisted the Program Director with				
	training staff #1;				
		n open to learning during the			
		d as if he already knew			
	everything.				
9	Interviews on 6/13/19 and 6/17/19 with the				
	Qualified Professional				
	-Client #1 required total				

Division of Health Service Regulation

PRINTED: 06/24/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ С B. WNG 06/17/2019 MHL041-752 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1309 GORRELL STREET **GORRELL GROUP HOME** GREENSBORO, NC 27406 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 110 Continued From page 3 V 110 toileting, transferring, and eating; -She wasn't sure of staff #1's start date at the current facility but thought he had worked there since the 1st week of April 2019; -Since the incident with client #1 on 5/23/19, an additional staff had been working with staff #1 from 6:00pm - 9:00pm to ensure clients received appropriate care.

Division of Health Service Regulation

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