

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-917	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORPORATION-WILLOI	STREET ADDRESS, CITY, STATE, ZIP CODE 570 BUILDING FUTURES CIRCLE RALEIGH, NC 27610
---	---

(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 follow up survey was completed on 06/28/19. Deficiencies were cited.</p> <p>The facility is licensed for a NCAC 27G .2100 Specialized Community Residential Center.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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:</p> <p>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.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the</p>	V 132	<p>DHSR - Mental Health</p> <p>AUG 06 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-917	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORPORATION-WILLOI	STREET ADDRESS, CITY, STATE, ZIP CODE 570 BUILDING FUTURES CIRCLE RALEIGH, NC 27610
---	---

(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 132	<p>Continued From page 1</p> <p>Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to report all allegations of neglect to the North Carolina Health Care Personnel Registry (HCPR) as well as have evidence all alleged acts were investigated. The findings are:</p> <p>Review on 06/28/19 of client #4's record revealed: -Admitted: 10/02/17 -Diagnoses of Traumatic Brain Injury, Aphasia, Dysphagia, challenges with memory, cognition and visual impairments -Injury occurred 03/10/17 because he fell 30 feet from a cherry picker.</p> <p>Review on 06/27/19 of the North Carolina Incident Response Improvement System report submitted 05/31/19 revealed about client #4: -On 05/25/19 client #4's mom was on campus visiting and she was supposed to leave at 10p. His mom was still present at 11:30p and staff asked her to please leave. An hour later the police arrived and stated client #4's mom reported a staff member was abusing client #4. Police interviewed both staff members on duty. The on-call manager switched out the staff to</p>	V 132		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-917	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORPORATION-WILLO	STREET ADDRESS, CITY, STATE, ZIP CODE 570 BUILDING FUTURES CIRCLE RALEIGH, NC 27610
--	---

(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 132	<p>Continued From page 2</p> <p>another staff member that his mom was okay with and left. An investigation was completed on 05/28/19.</p> <p>-Mentioned sexual allegation made on his behalf...no specific information regarding the sexual encounter, no staff identified.</p> <p>Review on 06/27/19 of the facility's records about the 05/29/19 revealed:</p> <p>-Email chain between 05/30/19 and 06/06/19 inclusive of the Psychiatrist, Former Program Manager, Human Resources and Regional Program Manager. The psychiatrist described an interview with client #4 of occurrences at night. Client #4 noted a person took his clothes off and touched him with one finger in the rectum. The last occurrence occurred a week prior to the interview. Although a specific person was not identified, the person was described as "tall and heavy." The Former Program Director responded with the suggestion of showing photos of the night staff with random Internet photos as well.</p> <p>-Police "Offense/ Incident report" dated 05/25/19 "miscellaneous all other non offenses"... date of occurrences 05/25/19 and 05/26/19 between 11:00 PM and 12:30 AM..Indicated report filed by client #4's mother...no specific information or details why the police were called out.</p> <p>-No other documentation regarding the allegation of client #4's alleged sexual encounter</p> <p>-No conclusive internal investigation report</p> <p>-No evidence the HCPR had been notified of the allegation</p> <p>During interview on 06/26/19, interview with HCPR intake worker revealed:</p> <p>-No information for the facility regarding client #4 had been received either through IRIS or the traditional reporting methods of 24 hour and 5</p>	V 132		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-917	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES CORPORATION-WILLOI	STREET ADDRESS, CITY, STATE, ZIP CODE 570 BUILDING FUTURES CIRCLE RALEIGH, NC 27610
---	---

(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 132	<p>Continued From page 3</p> <p>working day reporting processes</p> <p>During interviews between 06/26/19 and 06/28/19, the Regional Director reported:</p> <ul style="list-style-type: none"> -The previous Program Director for the facility left the last day of May 2019 -She had received electronic files (e-files) regarding various items from the Program Director prior to her last day. Upon review of the e-files, she was not able to locate documentation regarding client #4's allegation of sexual abuse by staff #4. She was involved in the process but it would have been the role of the Program Director to maintain and record the information. <p>Throughout the survey, she looked in the computer but was not able to locate the facility's internal investigation report, statements or any other documents to verify an investigation was completed and the outcome. Prior to 06/27/19, she thought the entire incident had been reported to HCPR via IRIS system</p> <ul style="list-style-type: none"> -As a team, it was concluded, staff #4 had been accused of a similar incident in January 2019 with another client in another home. Staff #4 was then transferred to this home. Due to the allegations made by client #4, in early June, a decision was made to not put him on the schedule until HCPR had reached a conclusion. Staff #4 worked as needed. 	V 132		
-------	---	-------	--	--

Corrective Action Plan 2019

Raleigh Program Willow House Annual Survey

Date: 7/26/19

Deficiency area	Plan of Correction	Responsible Person	Due Date	Status
V132 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-	Written documentation of investigation and final conclusions will be completed	Regional Program Director (Operations Manager position is vacant)	8/28/19	Documents compiled; final report being drafted
	Notification to Health Care Personnel Registry	Regional Program Director (Operations Manager position is vacant)	7/30/19	To be completed
	Regional Program Director will sign off on all internal investigation reports and cross check that any necessary Health Care Registry Reports are made while current Operations Manager position is	Regional Program Director	Immediately	Will be on-going. Operations Manager position is currently vacant.

<p>136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	<p>vacant and assure proper training of new Operations Manager upon hire.</p>			
--	---	--	--	--