

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2019
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NAME OF PROVIDER OR SUPPLIER TRANSITIONS CHARLOTTE DAY PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 5309-B IDLEWILD ROAD N CHARLOTTE, NC 28227
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 9-5-19. The complaint was unsubstantiated (#NC00154701). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5400 Day Activity for Individuals of All Disability Groups.</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 (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> <ul style="list-style-type: none"> 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-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). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the</p>	V 132		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 132	<p>Continued From page 1</p> <p>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>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to notify the Health Care Personnel Registry of investigation results within 5 working days of initial notification. The findings are:</p> <p>Review on 8-28-19 of incident report dated 7-12-19 for incident on 7-11-19 revealed: - "QP (Qualified Professional) received a call from SR (service recipient) clinical home provider agency...day support staff and SR had an altercation and day support staff held her weight on SR and SR fell on her face and dirt was in her mouth. ...provider reported that an allegation was made against their day treatment staff of physical abuse...Provider will need to complete the HPCR (health care Personnel Registry) tab and upload the internal investigation report when the internal investigation is completed."</p> <p>Review on 8-28-19 of Internal Review Preliminary Findings revealed: - Internal investigation meeting convened 7-12-19, interviews conducted.</p>	V 132		

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V 132	Continued From page 2 No documentation provided regarding information being updated into the IRIS (Incident Response Improvement System) regarding results of the internal investigation within 5 days. Interview on 8-28 with the Health Care Personnel Registry employee revealed: -She received a call from the director of the program on 8-5-19 saying the IRIS repost had been updated.	V 132		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain hot water between 100 and 116 degrees in areas accessible to clients. The findings are: Observation on 8-29-19 at approximately 2:00 PM revealed: -Bathroom #1 sink was 88 degrees. -Snackroom sink was 88 degrees. -Relaxation room sink was 98 degrees. -Bathroom #3 sink was 88 degrees. -Bathroom #4 sink was 72 degrees. -Bathroom #5 sink was 95 degrees.	V 752		

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V 752	Continued From page 3 Interview on 8-29-19 with an administrator revealed: -The waster was hot in the mornings but the clients use it throughout the day. -He would have someone check the water temperature throughout the building.	V 752		