

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GOODWILL IND OF NW NC, INC/ ASHVILLE EMPLOYM1	STREET ADDRESS, CITY, STATE, ZIP CODE 1616 PATTON AVENUE ASHEVILLE, NC 28806
--	--

(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>A complaint survey was completed on 9/26/19. The complaint was substantiated. (Intake ID# NC00156095). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Program for Individuals with Developmental Disabilities.</p> <p>For confidentiality purposes and to protect the identities of staff and clients some identifiers and specific interview dates have been omitted. All interviews were conducted between 9/24/19 and 9/26/19.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A</p>	V 109		

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: MHL011-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GOODWILL IND OF NW NC, INC/ ASHVILLE EMPLOYM1	STREET ADDRESS, CITY, STATE, ZIP CODE 1616 PATTON AVENUE ASHEVILLE, NC 28806
--	--

(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 109	<p>Continued From page 1</p> <p>NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 2 of 2 Qualified Professionals (QP #1 and QP #2) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 9/25/19 of QP #1's record revealed: -hire date 4/21/09. -training entitled "Preventing and Minimizing Behavioral Incidents - 12/26/17. -most recent supervision note - 12/16/13.</p> <p>Review on 9/26/19 of QP #2's record revealed: -hire date 4/21/09. -training entitled "Preventing and Minimizing Behavioral Incidents - 1/9/18. -most recent supervision note - 12/30/13.</p> <p>Review on 9/24/19 of Client #1's record revealed: -diagnoses included Intellectual Developmental Disability, moderate, Intermittent Explosive</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GOODWILL IND OF NW NC, INC/ ASHVILLE EMPLOYM1	STREET ADDRESS, CITY, STATE, ZIP CODE 1616 PATTON AVENUE ASHEVILLE, NC 28806
--	--

(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 109	<p>Continued From page 2</p> <p>Disorder, Borderline Personality Disorder and Adjustment Disorder with Anxiety.</p> <p>-training for client specific competencies included review of the client's treatment plan, crisis prevention plan, communication techniques, and behavioral support needed.</p> <p>-the training's were held with each direct staff member and signed by QP #1 as the trainee.</p> <p>-a crisis prevention plan dated 12/3/18 included problems/crisis can be sudden, emotionally labile, rapid and exaggerated changes in mood, and strong emotions of sadness or anger.</p> <p>Interview on 9/25/19 with Client #1 revealed:</p> <p>-QP #1 and QP #2 "aggravate me."</p> <p>-the client had told them to "stay back" "leave me alone" and "I don't want to be messed with" but they just kept on teasing.</p> <p>-yesterday QP #2 "aggravated" the client because "...he was wanting my coffee, I said no."</p> <p>-the client had to go outside with direct care staff to walk and try to calm down.</p> <p>Confidential interview revealed:</p> <p>-QP #2 was observed stating to Client #1 something like, "...oh you bought me some coffee..." as he reached toward the coffee.</p> <p>-Client #1 was immediately upset and started cussing at QP #2.</p> <p>Interviews on 9/24/19 with Clients #3, #4 and #5 revealed:</p> <p>-QP #1 and QP #2 joked around with them.</p> <p>-some client's joked back with them and it made them "happy."</p> <p>Confidential interviews revealed:</p> <p>-joking could be "curtailed a little bit."</p> <p>-at times, too much kidding took place to the point of escalating some of the clients.</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GOODWILL IND OF NW NC, INC/ ASHVILLE EMPLOYM1	STREET ADDRESS, CITY, STATE, ZIP CODE 1616 PATTON AVENUE ASHEVILLE, NC 28806
--	--

(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 109	<p>Continued From page 3</p> <ul style="list-style-type: none"> -all the joking came from upper management (named QP #1 and QP #2). -examples included teasing the clients about not having the cook-out that was planned, saying they didn't have one of the clients favorite drinks, or thanking the client for bringing the drink they may be carrying in their hand (as if the drink was for the QP). -some clients liked joking back. -it was not believed the joking was done in effort to escalate the client, there were no "ill-intentions." <p>Observation on 9/26/19 at 9:30 a.m. of QP #2 revealed:</p> <ul style="list-style-type: none"> -he came into the room where Client #1 and an unknown client were sitting at the table coloring. -he was stomping his feet as he walked. -Client #1 said "[QP #2] quit stomping your feet," QP #2 replied, "It's gravity, man." -QP #2 came back through the area after getting something in another room and began stomping his feet again as he walked past Client #1. -Client #1 said "[QP #2] walk right or don't walk at all." <p>Interview on 9/25/19 with QP #1 revealed:</p> <ul style="list-style-type: none"> -he sometimes joked with the clients. -sometimes Client #1 became upset when he joked with her, and sometimes she wouldn't. -Client #1 sometimes said "leave me alone", or "shut-up" when he hadn't said anything or he was just walking by. <p>Interview on 9/26/19 with QP #2 revealed:</p> <ul style="list-style-type: none"> -he sometimes joked with the clients. -sometimes joking may or may not work. -Client #1 may become upset if someone said something or not. -he had been able to get Client #1 calmed down 	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GOODWILL IND OF NW NC, INC/ ASHVILLE EMPLOYM1	STREET ADDRESS, CITY, STATE, ZIP CODE 1616 PATTON AVENUE ASHEVILLE, NC 28806
--	--

(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 109	<p>Continued From page 4</p> <p>and re-directed at times.</p> <p>-he did things like slurped his tea and Client #1 would say "stop that slurping" and they would laugh together.</p> <p>-he did stomp his feet sometimes as a joke, and when a client commented, he liked to say it was gravity.</p> <p>Interview on 9/26/19 with the Program Manager revealed:</p> <p>-he did not make a note of supervision meetings with the QPs unless there were correct actions taken.</p> <p>-he had never seen any inappropriate interactions with QP #1 or QP #2.</p> <p>-QP #1 and QP #2 did joke with the clients but he never saw this trigger behaviors for any of the clients.</p>	V 109		