

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
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NAME OF PROVIDER OR SUPPLIER MID CAROLINA INNOVATIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 488 COMMERCE DRIVE SANFORD, NC 27332
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed October 10, 2019. The complaint was substantiated. (Intake #NC00156258). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300, Adult Developmental and Vocational Program (ADVP) providing organized developmental activities for adults with developmental disabilities.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) 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>(f) The governing body for each facility shall</p>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional for 3 of 3 audited current staff (#2; #3 & #4;) 1 of 1 audited former staff (FC #1) and affecting 1 of 8 (#1) audited clients. The findings are:</p> <p>Review on 10/9/19 of FC #1's personnel file revealed:</p> <ul style="list-style-type: none"> - Hire date of February 2019 - Documentation dated 2/7/19 of completion of Core Competencies including: Core Values; Developmental Disabilities Overview; Interaction and Communication; Participant Rights; Person Centered Thinking and Role/Purpose/Philosophy of Services. - No individualized supervision plan was found in the staff's file. <p>Additional review on 10/9/19 of FC #1's personnel file revealed:</p> <ul style="list-style-type: none"> - Staff used an unapproved physical method in response to behavior displayed on 9/18/19 by Client #1, the client he was assigned to support for the day. - Facility management viewed a videotape of the incident which did not support the staff's version 	V 110		

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V 110	<p>Continued From page 2</p> <p>of the incident, however supported the client's report of abuse.</p> <ul style="list-style-type: none"> - A form signed by the staff documented he received Client Specific Training (CST) for Client #1 which documented the client's diagnoses as well as the behavioral concerns staff should be aware of and the supports he should receive. - However, no documentation of supervision was found in the staff's record during the eight months he was employed. - The staff returned to work on 9/20/19 and was terminated. <p>Review on 10/9/19 of Staff #2's personnel file revealed:</p> <ul style="list-style-type: none"> - Start date of 11/16/15 - Documentation staff completed all Core Competencies. - No individualized supervision plan nor documentation of supervision was found in the staff's file. <p>Review on 10/9/19 of Staff #3's personnel file revealed:</p> <ul style="list-style-type: none"> - Start date of 4/9/18 - Documentation staff completed all Core Competencies. - No individualized supervision plan nor documentation of supervision was found in the staff's file. <p>Review on 10/9/19 of Staff #4's personnel file revealed:</p> <p>Start date of 8/26/18</p> <ul style="list-style-type: none"> - Documentation staff completed all Core Competencies. - No individualized supervision plan nor documentation of supervision was found in the staff's file. 	V 110		

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V 110	Continued From page 3 During interview on 10/10/19, the former Program Director revealed: - He was responsible for supervision of staff until approximately three weeks ago. - He did not develop individualized supervision plans for staff. - He supervised staff by being a constant presence on the floor and providing directions and support. However, he did not document formal supervision sessions. - Staff also meet with the agency's Quality Assurance Manager and Qualified Professionals on a regular basis to discuss procedures. However, he was uncertain if documentation of the meetings was maintained as supervisory sessions. - He was not aware of the existence of and was not able to provide a copy of the agency policy and procedures for the initiation of the individualized supervision plans for staff in the ADVP/Day Program.	V 110		
V 204	27G .2304 (C-D) Adult Voc. for DD - Operations 10A NCAC 27G .2304 OPERATIONS (c) Handbook. Each ADVP shall have a client handbook including, but not limited to, information about services and activities. (1) The client handbook shall be written in a manner comprehensible to clients and reflective of adult status. (2) Each client shall be given a handbook, and the handbook shall be reviewed with the client. (d) Hours Of Operation. ADVP services shall be available for client attendance at least six hours per day (exclusive of transportation time), five days per week, unless closed in accordance with governing board policy.	V 204		

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V 204	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop a client handbook with information about services and activities that was reviewed with and provided to clients and/or guardians. The findings are:</p> <p>Review on 10/7/19 of the facility's Plan of Protection (POP) completed by the facility's Quality Assurance Manager revealed: - He developed the POP on ??? to identify the agency's plan to correct this deficiency from a previous survey. - The POP documented "</p> <p>Interview on 10/7/19 with the current Program Director revealed: - She has been in the position for approximately three weeks. - She was unable to locate a copy of a client handbook and was uncertain if one existed.</p> <p>Interview on 10/10/19 with the former Program Director revealed: - He interviewed all potential clients and parents/guardians and gave them an explanation of the program. - Upon request for a Client Handbook with a description of programs and services, he offered to obtain a copy of the MCO's description for Day Program services from the website. - The agency does not have a client handbook with information about services and activities to provide to clients and/or guardians.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 204		

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V 204	Continued From page 5 and must be corrected within 30 days.	V 204		
V 207	<p>27G .2306 (B) Adult Voc. for DD - Client Eligibility & Adm</p> <p>10A NCAC 27G .2306 CLIENT ELIGIBILITY AND ADMISSIONS (b) Admissions. Each ADVP shall have written admission policies and procedures. (1) A pre-admission staffing shall be held for each client considered for admission to the ADVP. During the staffing, information shall be considered regarding the client's medical, psychological, social, and vocational histories. (2) Results of the pre-admission staffing shall be documented and forwarded to the referral or sponsoring agency. The client shall be notified of the results of the staffing. (3) A qualified developmental disabilities professional of the area program shall certify the eligibility of each client for the ADVP service.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to develop and implement written admission policies and procedures identified for potential participants and failed to document a pre-admission staffing was completed for clients admitted. The findings are:</p> <p>Review on 3/7/18 of Client #1's record revealed: - Admission date of - Diagnoses of - Client lives in a group home operated by the licensee. - No documentation was found that facility</p>	V 207		

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V 207	<p>Continued From page 6</p> <p>management conducted a staffing prior to the client's admission to review the client's medical, psychological, social, and vocational histories for appropriateness to the program.</p> <p>Review on 3/7/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of - Diagnoses of - Client lives at home. - No documentation was found that facility management conducted a staffing prior to the client's admission to review the client's medical, psychological, social, and vocational histories for appropriateness to the program. <p>Interview on 3/8/18 with the former Program Director revealed:</p> <ul style="list-style-type: none"> - The facility uses the same admissions policy and procedure used for the Licensee's residential facilities. - The program has not developed a separate policy related to admission of clients to the ADVP program. - He conducts the pre-admissions process for clients and makes the decision about admission. - Pre-admissions screening is documented on the pre-admission form used for admitting clients to the Licensee's residential facilities. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 207		