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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2019
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NAME OF PROVIDER OR SUPPLIER SHERROD ALTERNATIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 SYCAMORE STREET ROCKY MOUNT, NC 27801
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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
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V 000	INITIAL COMMENTS An Annual & Complaint survey was completed on 10/25/19. Deficiencies were cited. The facility is licensed for the following service category 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
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 plan upon hiring each paraprofessional.	V 110	V110. - Licensee + staff #1 will complete Active Treatment training, Cultural Competencies training, and Clients rights training. - QP will monitor w/ monthly supervisions.	DHSR - Mental Health NOV 20 2019 Lic. & Cert. Section 12/24/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sherry Sherrod, APR TITLE
11/15/19 (X6) DATE
STATE FORM 6899 SSN611 If continuation sheet 1 of 10

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 staff (Licensee & staff #1) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/15/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 2/21/19 - diagnoses of Post Traumatic Stress Disorder by history; Delusional Disorder; Autism & Schizophrenia - a treatment plan dated 1/11/19..."...attends college 4 days a week for computer classes..." <p>Review on 10-15-19 of a fax sent to the Division of Health Service Regulation from the Licensee revealed: "[client #1] gave \$260.00 in the month of September when he got his school refund. He wanted to take over his phone bill and keep his phone which costs \$149.00 plus tax...we previously discussed gas to [college]...since there has been a misunderstanding...[client #1] was given \$140.00 back for the cost of the phone and \$120.00 in cash..." signed by Licensee & client #1</p> <p>During interview on 10/15/19 client #1 reported:</p> <ul style="list-style-type: none"> - he received his student loan last month from his school - the Licensee asked for \$300.00 of it - he was not sure why she wanted the \$300.00 but he gave it to her - him and the Licensee's son (staff #1) got into 	V 110		
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V 110	<p>Continued From page 2</p> <p>a physical altercation last month</p> <ul style="list-style-type: none"> - he did not like the why staff #1 disrespected his mother (Licensee) - he knew that was not his business but he swung and hit staff #1 on the side of the neck - staff #1 hit him in the back of the head - there were no injuries - he could have hurt staff #1 but he stopped the fight - the Licensee watched and did not try to stop it - he does not recall anyone else being at the facility <p>During interview on 10/15/19 client #1's guardian reported:</p> <ul style="list-style-type: none"> - client #1 made her aware of the \$300.00 & an incident with staff #1 today (10/15/19) - she has scheduled a meeting with the Qualified Professional and Licensee <p>During interview on 10/17/19 the QP with the case management office reported:</p> <ul style="list-style-type: none"> - client #1's guardian made him aware of the \$300.00 and an incident with staff #1 today - the incidents will be investigated <p>During interview on 10/24/19 staff #1 reported:</p> <ul style="list-style-type: none"> - he has been staff since 2016 - there were no incidents between him and client #1 - client #1 had stretched the incident that occurred with him and his mom (Licensee) - him and the Licensee had a discussion...client #1 was in his bedroom...he does not recall exactly what client #1 said but it was like "you shouldn't be talking to your mom like that"...he told client #1 that was between him and his mother - he does not recall what him and his mother 	V 110		
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V 110	<p>Continued From page 3</p> <p>discussed..."probably about cleaning up"</p> <ul style="list-style-type: none"> - he went to his bedroom and got his guitar to leave for church - when he (staff #1) got outside client #1 was in the yard doing marshal arts - as he walked by client #1 kicked towards him and he blocked the kick - he was afraid client #1 would hit his guitar - he (staff #1) got in his vehicle and left - he didn't think anything of the incident - him and client #1 have engaged with no issues since that incident <p>During interview on 10/15/19 & 10/24/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she recalled client #1 and her son (staff #1) having verbal exchange but nothing physical - she always talked to staff #1 about something...do not recall the discussion between she & her staff #1 that day - client #1 was in the facility that day and said something like he didn't like how staff #1 spoke to her (Licensee) - staff #1 said "this is between me and my mother" - he left for church - no physical hits were passed - client #1 gave her approximately \$260.00 when he received his monies from school - she purchased client #1 a cell phone, she paid client #1's cell phone bill for 2 months (\$120.00)...she also paid for gas to transport him to school (August, September and October) - client #1 said he would pay her back...she did not get it in writing - she reimbursed him back the \$260.00 	V 110		
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	<p>Continued From page 4</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep MARs current and record immediately after administration for 2 of 3 clients (#1 & #2). The facility failed to follow a physician's</p>	V 118	<p>V118</p> <p>Licensee will re-train w/ medication administration.</p> <p>App will monitor MARs during monthly supervisions, along with MAR reviews twice a week for 30 days.</p>	12/24/19
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V 118	<p>Continued From page 5</p> <p>order for 1 of 3 clients (#3). The findings are:</p> <p>Review on 10/15/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 2/21/19 - diagnoses of Post Traumatic Stress Disorder by history; Delusional Disorder; Autism & Schizophrenia - a physician's order dated 7/12/19: Aripiprazole 2mg everyday (can treat schizophrenia)....taper & discontinue <p>Review on 10/15/19 of client #1's October 2019 MAR revealed:</p> <ul style="list-style-type: none"> - staff initialed MAR from October 1 - 15 <p>During interview on 10/15/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she copied the MAR from the previous month - she mistakenly wrote Aripiprazole on the October 2019 MAR - the Aripiprazole was discontinued <p>B. Review on 10/15/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/1/18 - diagnoses of Mild Intellectual Developmental Disorder (IDD) and Schizophrenia - a physician's order dated 8/9/19: Haloperidol 5mg 3 bedtime (can treat certain types of mental disorders) - a physician's order dated 5/21/19: Clonidine 3mg at bedtime (can treat high blood pressure) <p>Review on 10/15/19 of an August 2019 & October 2019 MAR revealed:</p> <ul style="list-style-type: none"> - Clonidine was not signed the entire month of August 2019 - Haloperidol was not initialed from October 1 - 14, 2019 	V 118		
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V 118	<p>Continued From page 6</p> <p>During interview on 10/15/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she forgot to initial the medications Haloperidol & Clonidine on the MAR - client #2 received his medications <p>C. Review on 10/15/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/6/17 - diagnoses of Profound IDD; Cerebral Palsy & Seizure Disorder - physician's order dated 9/11/19: Lamotrigine 25mg twice a day (can seizures) <p>Review on 10/15/19 of client #3's of October 2019 MARs revealed:</p> <ul style="list-style-type: none"> - Lamotrigine 50mg twice a day was typed in on the MAR <p>Observation on 10/15/19 at 2:38pm of client #3's medication label revealed:</p> <ul style="list-style-type: none"> - Lamotrigine 25mg twice a day <p>During interview on 10/15/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she & the Qualified Professional (QP) reviewed the facility MARs and medications for errors <p>During interview on 10/17/19 the QP reported:</p> <ul style="list-style-type: none"> - he overlooked the medication errors 	V 118		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an</p>	V 290	<p>V290 Client # 1 has been discharged on 10/18/19.</p> <p>Client # 2's PCP will be updated to reflect unsupervised time.</p>	12/24/19
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V 290	<p>Continued From page 8</p> <p>as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minium of one staff was was present at all times except when the client's treatment plan documented the client was capable of remaining in the community for 2 of 3 clients (#1 & #2). The findings are:</p> <p>A. Review on 10/15/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 2/21/19 - diagnoses of Post Traumatic Stress Disorder by history; Delusional Disorder; Autism & Schizophrenia - a treatment plan dated 1/11/19 with no unsupervised time documented for walks to local store and restaurants - unsupervised documented to attend college <p>During interview on 10/15/19 client #1 reported:</p> <ul style="list-style-type: none"> - he was allowed to walk to the store & the local resturants <p>During interview on 10/15/19 client #1's guardian reported:</p> <ul style="list-style-type: none"> - she was aware client #1 had unsupervised time in the community - he walked to the local store - the Qualified Professional (QP) was supposed to put in the treatment plan <p>B. Review on 10/15/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/1/18 - diagnoses of Mild Intellectual Disability and 	V 290		

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V 290	<p>Continued From page 9</p> <p>Schizophrenia</p> <ul style="list-style-type: none"> - a treatment plan dated 2/6/19 with no unsupervised time documented <p>During interview on 10/15/19 client #2 reported:</p> <ul style="list-style-type: none"> - he was allowed to walk to the store <p>During interview on 10/15/19 & 10/24/19 the Licensee reported:</p> <ul style="list-style-type: none"> - client #1 & #2 have unsupervised time - she has requested the QP to put unsupervised time in the treatment plan on several occasions <p>During interview on 10/17/19 the QP reported:</p> <ul style="list-style-type: none"> - client #1 & client #2 have unsupervised time - he will make sure he put it in the treatment plan 	V 290		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 7, 2019

Tracey Sherrod, Owner
1233 Sycamore Street
Rocky Mount, NC 27801

Re: Annual & Complaint Survey Completed October 25, 2019
Sherrod Alternative 1233 Sycamore Street, Rocky Mount, NC 27801
MHL# 033-115
E-mail Address: tramos2@aol.com
Intake #NC00157322

DHSR - Mental Health

NOV 20 2019

Dear Ms. Sherrod:

Lic. & Cert. Section

Thank you for the cooperation and courtesy extended during the Annual & Complaint survey completed October 25, 2019. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 24, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 7, 2019
Tracey Sherrod

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Ames at (919) 552-6847.

Sincerely,



Rhonda Smith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant