

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 5		STREET ADDRESS, CITY, STATE, ZIP CODE 106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023		
(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	INITIAL COMMENTS An annual and follow up survey was completed on 11/6/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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	V 110		

DHSR-Mental Health

NOV 22 2019

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE

11-19-19

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CABARRUS COUNTY GROUP HOME 5

**106 SOUTH FRANKLIN STREET
CHINA GROVE, NC 28023**

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff demonstrated knowledge, skills and abilities required by the population served for 1 of 2 staff (#1). The findings are:</p> <p>Review on 11/5/19 of staff #1's personnel record revealed: -hire date of 3/2/15 with job title of Group Home Manager; -completed updated trainings in the following: Client Rights dated 4/11/19 and Getting It Right dated 4/11/19.</p> <p>Review on 11/5/19 of client #3's record revealed: -admission date of 2/7/19; -diagnoses of Intellectual Developmental Disability-Severe, Speech and Sound Disorder, Diabetes and Hypertension; -per admission documentation client #3 processes things very slowly and needs more time to process information.</p> <p>Review on 11/5/19 of an incident report dated 8/14/19 regarding client #3 revealed: -client #3 alleged staff #1 pulled him out of the bed by his shirt while on vacation at the beach; -client #3 was fully dressed and ready to depart for the check out time from the vacation accommodations;</p>	V 110		

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> -client #3 went back and laid back down on the bed; -staff #1 stated she was having difficulty getting client #3 to get up from the bed; -staff #1 and another staff tried to prompt client #3 to get out of bed as it was time to depart; -staff #1 stated she pulled client #3 up by his arm and led him out of the bedroom. <p>Review on 11/5/19 of the internal investigation documentation dated 8/27/19 regarding the allegations made by client #3 regarding staff #1 revealed:</p> <ul style="list-style-type: none"> -completed by the Administrator, Administrator Assistant and the Qualified Professional; -staff #1 was suspended pending the completion of the investigation; -statements from client #3 and other clients were inconsistent; -client #3 also added the allegation staff #1 slapped him twice on the chest; -later, client #3 admitted he lied about the abuse; -staff #1 admitted she took client #3 by his arm to get him up off the bed. <p>Interview on 11/6/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> -was on a beach trip with client #3, other staff and other clients; -had informed the clients the prior night of the check out date of the vacation accommodations for the next morning; -also informed clients the staff's expectations for the next morning regarding packing belongings and being ready to leave at check out time; -client #3 was the first client up in the morning, took his medications and was already dressed; -time to leave and client #3 was not in the commons area with other clients; -found client #3 had laid back down in the bed 	V 110		

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V 110	<p>Continued From page 3</p> <p>and was asleep;</p> <p>-tried to prompt client #3 several times to get up from the bed;</p> <p>-other staff also tried to get client #3 to get up out of the bed;</p> <p>-took client #3 by his arm and pulled him up from the bed;</p> <p>-client #3 would get up and then sat back down onto the bed;</p> <p>-pulled client #3 up several times by his arm to get him to get up;</p> <p>-client #3 got up and left bedroom;</p> <p>-started to go back into bedroom;</p> <p>-staff #1 stood in front of client #3 and put her hands up and stopped him from going into the bedroom;</p> <p>-later allegations were made she had slapped client #3;</p> <p>-was suspended during the internal investigation and was allowed to come back to work when the allegations were determined to be untrue;</p> <p>-denied ever hit or hurt client #3;</p> <p>-did try to get client #3 to get up by taking his arm the day of departure from the vacation accommodations.</p> <p>Interview on 11/6/19 with client #3 revealed:</p> <p>-felt safe at the facility;</p> <p>-staff treat him good;</p> <p>-no problems with staff at the facility.</p> <p>Interview on 11/5/19 and 11/6/19 with Administrative Staff revealed:</p> <p>-investigated allegations staff #1 mistreated client #3;</p> <p>-determined allegations were not true;</p> <p>-staff #1 did take client #3 by his arm to get him out of the bed;</p> <p>-will ensure staff #1 completes training on more</p>	V 110	<p>Training was provided for Staff #1 on Understanding Behavior: Building Positive Supports and Sensitivity Training (see attached documentation)</p>	11/19/19

Division of Health Service Regulation

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V 110	Continued From page 4 therapeutic approaches to situations with client #3.	V 110		

Cabarrus County Group Homes, Inc.

STAFF TRAINING

Date: 11/19/19	Trainer: Marge White, QP
Training Topic	
Understanding Behavior: Building Positive Supports, Sensitivity Training	
Total Time:	

Attendee Signature

1- Ernestine Leakey	17-
2-	18-
3-	19-
4-	20-
5-	21-
6-	22-
7-	23-
8-	24-
9-	25-
10-	26-
11-	27-
12-	28-
13-	29-
14-	30-
15-	31-
16-	32-

Understanding Behavior: Building Positive Supports

Competency Measure

Name Ernestine Wickey Date NOV. 19, 2019

Please circle the correct answer.

1. ☒ True or False Behavior is a message that can tell us important things about people and their quality of life.
2. ☒ True or False People choose behavior to meet needs.
3. ☒ True or False Often, behavior is a product of the environment staff created.
4. True or ☒ False The four factors that influence behavior are internal, external, family, and environment.
5. True or ☒ False All behaviors are the same and don't vary in severity and risk.
6. ☒ True or False A person's limited ability to perform certain skills may lead to the person being unable to cope positively with their environment.
7. True or ☒ False We need to control, punish and fix people to stop the behavior.
8. ☒ True or False An external factor is how staff interact with a person.
9. ☒ True or False Interactions may or may not reflect respect and dignity depending on the choices staff make.
10. True or ☒ False Rapport is not important when dealing with behavior situations.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

DHSR-Mental Health

NOV 22 2019

Lic. & Cert. Section

November 7, 2019

Ginger Pope, Administrator
Cabarrus County Group Homes, Inc.
P.O. Box 1197
Concord, NC 28026

Re: Annual and Follow up Survey completed 11/6/19
Cabarrus County Group Home #5, 106 South Franklin Street, China Grove, NC 28023
MHL # 080-164
E-mail Address: mwhiteccgh84@gmail.com

Dear Ms. Pope:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed November 6, 2019. A deficiency was cited.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

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

- Standard level deficiency was cited.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is January 5, 2020.

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.
- 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.

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

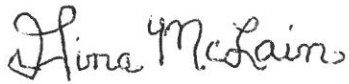
November 7, 2019
Ginger Pope
Cabarrus County Group Homes, Inc.

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 Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

CC:

gmemail@cardinalinnovations.org
File

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL080-164	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/6/2019
NAME OF FACILITY CABARRUS COUNTY GROUP HOME 5	STREET ADDRESS, CITY, STATE, ZIP CODE 106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0119	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (D)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/06/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Hina McLean</i>	DATE 11/6/19
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/5/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		