

Division of Health Service Regulation

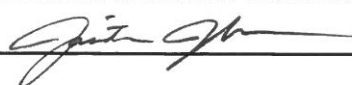
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2019
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NAME OF PROVIDER OR SUPPLIER GRAHAM AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1642 GRAHAM AVENUE HENDERSON, NC 27536
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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 survey was completed November 19, 2019. 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 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based	V 107		

DHSR-Mental Health
 DEC 02 2019
 Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
 EXECUTIVE DIRECTOR	11/27/2019	

Division of Health Service Regulation

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to ensure 1 of 5 paraprofessional staff (#3) had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR).</p> <p>Review on 11/19/19 of personnel records revealed staff #3: - was hired on 11/5/18 as a Direct Service Professional - a HCPR check dated 11/1/18 had a substantiated finding of "Abuse of a Resident" - this listing was noted to have been added to the Registry on 8/27/18</p> <p>During an interview on 11/19/19, the Executive Director reported: - she was responsible for checking the HCPR to ensure perspective staff were not listed on the</p>	V 107		
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V 107	Continued From page 2 Registry <ul style="list-style-type: none"> - was very surprised and said it was an oversight on her part - staff #3 never said anything about being listed on the HCPR during her interview - fortunately, there had been no incidences or reports of any complaints since staff #3 started - staff #3 should not have been hired and would be terminated immediately (11/19/19). 	V 107		

Plan of Correction

Date of Correction: November 27, 2019

Deficiency Cited: V107: 10A NCAC 27G.0202 Personnel Requirements. This rule was not met as evidenced by; Based on review of 5 personnel files, the governing body failed to ensure that 1 of 5 paraprofessional staff had no substantiated findings of abuse or neglect on the North Carolina Health Care Personnel Registry (HCPR).

While the Health Care Registry had been checked for all employees, an oversight occurred regarding a substantiation of one employee.

Provider's Plan of Correction: D. D. Residential Services Inc. will assure that all employees meet the proper background check requirements for employment.

- The employee who was listed on the registry was terminated immediately, effective 11/19/2019.
- The Executive Director or designee performing Human Resource functions will carefully read all background findings for applicants prior to proceeding with an offer of employment.

Responsible Parties: Executive Director

Provider Signature:  EXECUTIVE DIRECTOR

D. D. Residential Services, Inc.
Administrative Office
Post Office Box 88
Henderson, North Carolina 27536
(252) 438-6700 Fax (252)438-6720 HSR-Mental Health

DEC 02 2019

Lic. & Cert. Section

November 27, 2019

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

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Graham Avenue Group Home, Located at 1642 Graham Avenue, Henderson, NC 27536. This is in conjunction with MHL #: 091-060.

You shall find upon return that the deficiency cited has been addressed globally and the correction has been made prior to the correction date of January 18, 2020. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback, and welcome your return.

Sincerely,



Jacinta Johnson
Executive Director

Franklin County Group Home
Vance Adult Group Home
Warren County Group Home

Graham Ave Group Home
Louisburg Group Home
Oxford Group Home
Roanoke Avenue Group Home





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 22, 2019

Jacinta Johnson, Executive Director
D.D. Residential Services, Inc.
PO Box 88
Henderson, NC 27536

Re: Annual Survey completed November 19, 2019
Graham Avenue Group Home
1642 Graham Avenue, Henderson, NC 27536
MHL # 091-060
E-mail Address: jjohnson_ddrs@embarqmail.com
Intake #

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual survey completed November 19, 2019.

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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is January 18, 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 19, 2019
Jacinta Jones
D.D. Residential Services, 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 Renee Kowalski Ames at 919-552-6847.

Sincerely,



Marie Ancil
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant