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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
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NAME OF PROVIDER OR SUPPLIER EAST MAIN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 610 EAST MAIN STREET ALBEMARLE, NC 28001
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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 A complaint survey was completed on 4-14-20. The complaints were substantiated (NC00161766, NC00162067, NC00161921, NC00161977). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	V 000	DHSR-Mental Health MAY 05 2020 Lic. & Cert. Section	
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	V 110		Intentionally left blank

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

TITLE

COO, QI, M&A Residential Team Leader

(X6) DATE

4-23-2021

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V 110	<p>Continued From page 1</p> <p>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 one of one staff (staff #1) failed to demonstrate the knowledge, skills and ability for the population served. The findings are:</p> <p>Review on 4-9-20 of staff #1's personnel record revealed: - Re-Hire date of 7-8-19. -Trainings include: client rights; 4-22-19, getting it Right, 4-22-19.</p> <p>Review on 4-8-20 of internal investigation dated 3-9-20 and signed by the Qualified Professional revealed: -[Staff #1] then grabbed the showerhead and told [Former client #1] if she didn't get in the shower she was going t spray her." -Second interview on 2-25-20 with staff #1 revealed: "Stated, yes, she did make that comment and didn't even remember she had said it. She stated she made that comment jokingly but I didn't do it and never would do it. It was just said jokingly." -Recommendations: "[Staff #1] will written warning around positive interactions with the PWS (People We support)."</p> <p>Interview on 4-3-20 with staff #2 revealed: -Staff #1 did say that she would spray former client #1 but she had been joking.</p>	V 110	Intentional left Blank	

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V 110	<p>Continued From page 2</p> <p>Interview on 4-2-20 with former staff #3 revealed: -Staff #1 threatened to spray former client #1 with water while former client #1 was on the floor. -She did not see staff #1 actually spray former client #1.</p> <p>Interview on 4-7-20 with staff #1 revealed: -She had been called in to help give former client #1 a shower. -Former client #1 was sitting on the floor in the bathroom. -She did say she was going to spray former client #1, "but it wasn't in a threatening way. She doesn't like being sprayed, ever."</p> <p>Interview on 4-14-20 with the Qualified Professional revealed: -She agreed it was an inappropriate comment for staff 31 to make to former client #1. -Staff #1 had been counseled and they would address the issue with everyone at the next staff meeting to be mindful about the way the clients were spoken to, even jokingly.</p>	V 110	<p>Staff received a written warning on 3-9-2020.</p> <p>Staff will remain on probation for 3 months during these 3 months she will not exhibit any inappropriate comments to the people we support.</p> <p>Management will increase visibility at the site during her shifts to ensure appropriate interactions are being made.</p> <p>Staff was retrained in Getting It Right on 4/22/2020 as a refresher.</p> <p>Management will meet with her monthly to review performance. (training Ticket attached)</p>	<p>06-09-2020</p> <p>Complete on 4-23-2020</p> <p>06-09-2020</p>
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MONARCH Inservice Registration Form

TOPICS: Trainers - list each topic that you discuss

MINUTES:

 Manager observed Sharquarius Lilly on the floor a total of 6 times
 during the month of April

 No issues or problems during observation

DATE: 3/9/2020 til 4/9/2020

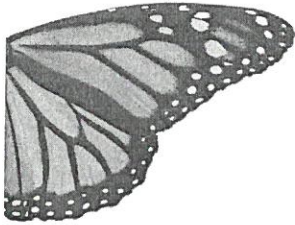
LOCATION: East Main Group Home

TIME: _____ 10:00 AM / PM

UNTIL: _____ 11:00 AM / PM

PRESENTER/TITLE: Denise McCauley

#	PRINT NAME	TITLE	DEPARTMENT	SIGNATURE
1	Sharquarius Lilly	DR	Res.	Sharquarius Lilly
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DHSR-Mental Health

MAY 05 2020

Lic. & Cert. Section

April 23, 2020

Patricia Work, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Complaint/East Main Group Home/4-14-2020

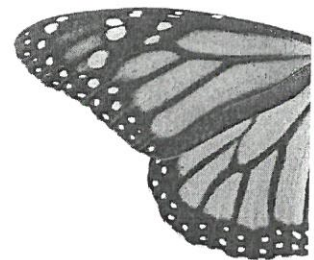
Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512



MONARCH

350 Pee Dee Avenue, Albemarle, NC 28001