STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-964	A. BUILDING: _____ B. WING _____	06/26/2020

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COLLEGE LAKES	5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311

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V 000	INITIAL COMMENTS A complaint survey was completed on June 26, 2020. The complaints were unsubstantiated (Intakes #NC00165360, NC00165551). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) 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. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures	V 109		

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V 109	Continued From page 1 for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professional (QP) audited failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Review on 6/15/20 of the QP's personnel record revealed: -Hire date 6/27/16. Finding #1: Review on 6/1/20 of Client #4's records revealed: -28 year old male admitted 07/2006. -Diagnoses included Autism, Intellectual Developmental Disability-Moderate and Intermittent Explosive Disorder by history. Review of the North Carolina Incident Response Improvement System (IRIS) between 5/26/20 and 6/25/20 did not reveal a report of an allegation of abuse against Staff #4. Interview on 6/25/20 the QP stated: -She was told told by the Chief Executive Office (CEO) that Former Staff (FS) #8 made a false accusation that Staff #4 hit Client #4.	V 109		

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V 109	Continued From page 2 -She asked staff if they saw anyone hit Client #4. -She asked staff if they saw bruises on Client #4. -Staff completed an incident report and a body check form on Client #4. -She determined that FS#8 was upset that she did not get the position that she initially applied for. -She and Staff #3 interviewed Staff#4 about the allegations of abuse which invloved Client #4. -When she becomes aware of an allegation, she talks with the accused staff, the staff that came in and determine if the allegation is true. -She had no reason to notify Client #4 's care coordinator of the allegation. -No IRIS report was submitted since an internal investigation was completed. -The local department of social services was not notified of the allegations. The internal investigation was not received as requested by the exit of the survey process. Interview on 6/25/20 the CEO stated: -FS#8 informed her that she (FS#8) saw someone abusing a client. -She and the QP completed the internal investigation together. -An Incident Response Improvement System report was not submitted for allegations of abuse against Staff #8. -A policy changes was made. -All incidents with now be discussed with a Human Rights Committee.	V 109		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY	V 131		

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V 131	Continued From page 3 (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 1 of 1 former staff (FS#8) audited. The findings are: During interview on 6/25/20 the Qualified Professional (QP) stated: -There was no personnel record for FS#8. Interview on 6/25/2020 the QP stated: -FS#8 had not been hired; therefore, they had not accessed the HCPR. -All prospective employees "shadow" in the home before they are hired. -The facility did not access the HCPR until after they decided to hire someone. Interview on 6/25/2020 the Chief Executive Officer (CEO) stated: -She suspected a disgruntled former employee (FS#8) was making false statements about the facility. -FS#8 had been hired for the "Operations Manager" position. -After FS#8 had been in the facility, it was determined she was not a "good fit" based on feedback from staff.	V 131		

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V 131	Continued From page 4 -FS#8 was offered another position because they had hired her and had to give her 90 days of employment. FS#8 declined the other position. -The typical process of hiring new staff was to do a video interview, followed by a face-to-face interview, a "shadowing experience" in the facility. The interview process may be halted at any step if the decision is made to not hire the applicant. The decision to hire was made following the "shadowing experience." -FS#8's hiring process did not follow the typical process. She was offered a position before she entered the home to shadow and was mailed the hiring packet. -Prospective employees sign a confidentiality statement before they are allowed to shadow in the facility. -They did not obtain the hiring packet from FS#8 so they did not get a signed confidentiality statement. -The HCPR was not accessed prior to FS#8's offer of employment. -FS#8 had been contacted to submit her hours for pay because they had offered her a job. -FS#8 did not submit her time, therefore, they did not pay her.	V 131		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social	V 500		

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V 500	Continued From page 5 Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is	V 500		

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V 500	Continued From page 6 renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all instances of alleged or suspected abuse to the County Department of Social Services. The findings are: Review on 5/26/20 thru 6/25/20 of the North Carolina Incident Response Improvement System (IRIS) website revealed no report submitted for an allegation of abuse against Staff #4. Review on 6/1/20 of client #4's records revealed: -28 year old male admitted 07/2006. -Diagnoses included Autism, Intellectual Developmental Disability-Moderate and Intermittent Explosive Disorder by history. Based on record reviews and interviews, the facility failed to report all instances of alleged or suspected abuse against Staff #4 to the County Department of Social Services. During interview on 6/24/20 staff #4 stated: - She had worked at the facility as a "Direct Care Professional" since October 2018. - One of her responsibilities was to "keep the group out of harm's way." - She had never witnessed or suspected any client abuse by staff; if she did she would report it	V 500		

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V 500	Continued From page 7 to the QP. - "There is a lady who is upset that she didn't get hired and said I abused [client #4]. She's leaving all kinds of Google reviews. She's just mad. None of it is true." Interview on 6/25/20 the QP stated: -She was told told by the Chief Executive Office (CEO) that Former Staff (FS) #8 made a false accusation that Staff #4 hit Client #4 -She asked staff if they saw anyone hit Client #4. -She asked staff if they saw bruises on Client #4. -Staff completed an incident report and a body check form on Client #4. -She determined that FS#8 was upset that she did not get the position that she initially applied for. -She and Staff #3 interviewed Staff#4 about the allegations of abuse on Client #4. -When she becomes aware of an allegation, she talks with the accused staff. -She had no reason to notify Client #4 's care coordinator of the allegation. -An internal investigation had been completed -No IRIS report was submitted since an internal investigation was completed. -The local department of social services was not notified of the allegations. The internal investigation was requested from the QP during the survey process however was not submitted as requested by the end of the survey process. Interview on 6/25/20 the CEO stated: -FS#8 informed her that she (FS#8) saw someone abusing a client. -She and the QP completed the internal investigation together. -An Incident Response Improvement System	V 500		

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V 500	Continued From page 8 report was not submitted for allegations of abuse against Staff #8. -A policy change was made. -All incidents will now be discussed with a Human Rights Committee.	V 500		