Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED	
		MHL096-034	B. WING		11/0	11/05/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
SCI-MT O	I IVE	600 WEST	JOHN STREE	г			
3CI-WII O	LIVE	MOUNT O	LIVE, NC 2836	5			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	5, 2020. The compla (Intake #NC00170052 This facility is license category: 10A NCAC	as completed on November int was substantiated 2). A deficiency was cited. d for the following service 27G .5600C Supervised Developmental Disabilities.					
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110				
	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.						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHI 006 024	B. WING		11/05/2020
MHL096-034				11/05/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
SCI-MT O	LIVE		ST JOHN STREET OLIVE, NC 28365		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			BE COMPLETE	
V 110	Continued From page	· 1	V 110		
	two audited staff staff the knowledge, skill a population served. Th	ews and interviews one of (#1) failed to demonstrate nd ability required by the e findings are:			
	Review on 11/05/2020 revealed: -Hire date of 10/11/07 -Direct Care Educator				
	Lichen Planus, Bipola				
	-She had lived at the -She only had a probl -She tried to get along did not want to hear w -Staff #1 hollered and	em with staff #1. g with staff #1 but staff #1 ghat she had to say. gelled at her all the time. r room because she did not			
	During interview on 1 revealed: -The clients at the fac anywhere since the vi	ility had not been able to go			

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DIVISION	n Health Service Negu	lation				
STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILDING		COMPLI	ETED
			, a boilebille.			
MHL096-034		MHL096-034	B. WING	<del></del>	11/0	5/2020
			•		·	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SCI-MT OI	IVE	600 WEST	JOHN STREE	Т		
3CI-IVI I OI	-IVE	MOUNT O	LIVE, NC 2836	5		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
	<del>-</del>	_	1/440			
V 110	Continued From page	2	V 110			
	-Sometimes the staff	at the facility were nice.			ļ	
		vork in a bad mood all the			ľ	
		vork in a bad mood all the			ļ	
	time.				ļ	
	-Staff #1 would speak				ľ	
	sometimes she did no	ot speak at all.			ľ	
	-Staff #1 yelled a lot a	at everyone in the house.			ļ	
	-She had not talked to	anyone about staff #1			ļ	
	yelling and how she w				ļ	
	, ,	ter about staff #1 and her			ļ	
		eded to talk to the Director			ľ	
	of Residential Service				ļ	
					ľ	
		at them she just yelled all			ļ	
	the time.				ľ	
		eryone in the house they			ļ	
	were getting on her nerves.					
	During interview on 1	1/04/2020 client #6			ļ	
	revealed:				ļ	
	-She had lived at the	facility for 12 years.			ļ	
	-Things were ok at the				ļ	
	•	-			ļ	
	-Staff #1 hollered at her all the timeShe didn't know why staff #1 yelled so much.				ľ	
					ļ	
	-Staff #1 yelled at everyone in the home.				ļ	
	-Staff #1 was always in a bad mood.					
	During interview on 1	1/05/2020 staff #1 revealed:			ļ	
	-She started working	for the agency in 2007.			ļ	
	-She felt like she was	a loud person.			ļ	
	-Since the virus starte	ed in March she felt like			ľ	
	things had been very				ļ	
		the home all day everyday			ļ	
	since the virus started					
	-Staff try to make it fun for them in the home also					
	while completing daily goals.				ľ	
	-It was up and down all day long emotionally and					
it had been very difficult to deal with.						
	-She did not feel like :	she was mean or yelled at			ĺ	
	any of the clients.					
	•					1

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During interview on 11/05/2020 the Director of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL096-034	B. WING		11	/05/2020	
NAME OF P	ROVIDER OR SUPPLIER	600 WES	DDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DLIVE, NC 28365  ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 110	Residential Services -She felt like it was a #1 and client #1Staff #1 had been w -Client #1 and client approximately 2 year differentShe and the Executi have staff #1 comple rights and also do a		V 110				

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