

Division of Health Service Regulation

DHSR - Mental Health

NOV 13 2020

Lic. & Cert. Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  10/05/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHEP EL HOME

425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078

(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  A complaint investigation was completed on 10-5-20. The complaints were substantiated (#NC00168039, #NC00168318, #NC00167882). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living in a Private Residence For All Disability Groups.	V 000		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a	V 289	In review of the internal investigation conducted by Praising Hands, LLC, it has been determined that in correction of these listed deficiencies it is imperative that the following actions be taken:  (1) Praising Hands LLC terminate the Shep El Home License on 10/31/2020. • PH received confirmation from DHSR that request for change of ownership was granted for the Shep El home.	10/31/20 Thru 11/5/20

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

SOPQ11

If continuation sheet 1 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 1</p> <p>developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f),(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to provide supervision to ensure safety, effecting one of two clients (client #1). The</p>	V 289	<p>Praising Hands LLC reported the issue of potential neglect and abuse on</p>	

NAME OF PROVIDER OR SUPPLIER

**SHEP EL HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE

425 THREE GREENS DRIVE

HUNTERSVILLE, NC 28078

(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 289

Continued From page 2

findings are:

Review on 8-10-20 of client #1's record revealed:

-Admitted 11-16-17.

- Diagnoses include: Disruptive Mood

Dysregulation Disorder, Mild Intellectual Disorder, Epilepsy, Oppositional Defiant Disorder, Attention Deficit/Hyperactivity Disorder, Post Traumatic Stress Disorder, Location related (focal) (partial) symptomatic epilepsy, Generalized anxiety Disorder, Hyperfunction of pituitary gland, Acne vulgaris, Hypertrophy of breast, Bipolar Disorder, unspecified.

-Person Centered Plan dated 8-1-19 revealed; "over past six months [Client #1]'s behavior has become more erratic and aggressive...multiple ED (Emergency Department) visits...11-14-18 admitted into [local hospital] due to post-ictal physical aggression...4-4-19 [Client #1] was admitted into [local hospital] due to taking an intentional OD (over dose) that required intubation...became upset and aware that his siblings were engaged in activities he could not do or would not be allowed to do...will exhibit behaviors when he is seeking attention, instant gratification, is told 'no', if he feels rejected...history of physical aggression...assaulted staff and peers...known to destroy property... will exhibit self-injurious behaviors...swallowed marbles because he was mad and had to be hospitalized...noted that he wanted to kill himself because he could not get his way and was looking for attention...goals include; will refrain from aggressive behaviors such as physical/verbal aggression yelling, using profanity...flipping furniture, stealing self-injurious behaviors such as head banging and kicking, will wash hands after using bathroom, put on clothes correctly, assist with laundry."

- Review on 8-10-20 of undated admission

V 289

8/11/2020 to all regulated parties to assure the safety and well being of all served is protected.

Parties involved:

- Legal guardian
- DDC

- DSS

- DH SR

- Healthcare Registry

- Praising Hands participated in investigation with Healthcare Registry to validate written report.

- PH President and QA Coordinator Conducted internal in-house service on

8/1/20

10/18/20

10/28/20

Abuse and Neglect  
OPQ11

NAME OF PROVIDER OR SUPPLIER

SHEP EL HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

425 THREE GREENS DRIVE

HUNTERSVILLE, NC 28078

V 289

Continued From page 3

assessment revealed: Needs support to maintain maximum functioning level...will increase his activities of daily living skills and independent skills...

Review on 8-10-20 of AFL (Alternative Family Living) provider's Personnel record revealed:  
 -Medication administration training completed on 8-28-19 and 5-25-20.

-Supervision notes detailing increased supervisor to address prior medication issue that occurred on 5-23-20: 6-8-2020, 6-22-2020, 7-7-2020.

Review on 8-9-20 of IRIS (Incident Response Improvement System) report of incident on 7-26-20 completed by the Qualified Professional revealed:

- 7-27-20 per provider reporting: "per the provider (AFL Provider), the consumer was irritated due to the fact that he had broken his play stations. A friend of the family that the consumer dislikes was playing own play station on the third level of the residential homes. When [Client #1] became aware that the family friend was playing his own personal play station he came down to the provider's bedroom and asked if he could play the play station with the friend. per the provider, he told consumer (Client #1) that he could watch television with him or he could barrow the other consumer's laptop, which at that time, the consumer became upset, sat beside the provider on his bed and began cursing at the provider. At that point the provider instructed [Client #1] to go to his bedroom and the provider called 911, due to his (Client #1) verbal aggression. When the consumer was instructed to go to his bedroom, he became even more irritated. When the other consumer (Client #2) heard the commotion he came to the providers

V 289

Incident Reporting, Review of Health Care Registry Process (definition review (abuse, neglect)	10/28/20
--	----------

- Review of IRIS Manual w/ QP staff.

- QA renewal and revision of supervision documentation and MODEL.

Methods of Supervision to include:

- Zoom
- Face time
- Virtual walk-through to include walk to storage of
- What to report

aggression  
hospitalizations  
due to emergency  
or behavior



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078**

(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 289	Continued From page 4  door and [Client #1] provoked a fight with the consumer by telling him to come on and he was going to get some of this too. The provider instructed the other consumer to go to his room to prevent any additional confrontations. As the other consumer was walking away, [Client #1] grabbed the consumer's arm and pulled him into the provider's bedroom and began hitting him in the head, chest and back. Which resulted in the consumer having the following injuries: left cheek bone is swollen and his right eye is also swollen. [Client #1] also threw the consumer on the floor and proceeded to choke the other consumer and stated that he was going to kill the provider and the other consumers a*s. At that point the provider was able to get between the consumer in an attempt to prevent [Client #1] from choking the other consumer and that was when [Client #1] punched the provider on the left side of his head. Once [Client #1] punched the provider he (provider) lost consciousness of what was going on for three to four minutes. As the provider tried to get up he became dizzy. When the provider was able to get up, his head was hurting and he realized the [Client #1] was no longer assaulting the other consumer, therefore the provider went to obtain Tylenol. As the provider attempted to open the bottle of Tylenol the consumer (client #1) knocked the bottle out of his hand, he (provider) leaned over and dragged the other consumer out of the bedroom because [Client #1] continued to assault the consumer. As he was assaulting the other consumer, [Client #1]. Once the provider was able to get the other consumer out of the bedroom, [Client #1] closed the bedroom door and pulled the sofa against the door to prevent the provider from reentering his bedroom. Eventually the provider was able to push the door open and enter the bedroom [Client #1] was still cursing and bragging about	V 289	<p>Medication ;</p> <ul style="list-style-type: none"> <li>- Speaking with the consumer (if applicable)</li> <li>- Ask specific question about who is in home</li> <li>- Are you safe - do you feel safe.</li> <li>- Add reporting of incident - must (initial on form</li> <li>There have been no incidents in the home or out of the home to report.</li> <li>- Implement as applicable that all homes w/ 2</li> </ul>	10/28/20

Division of Health Service Regulation

STATE FORM

6899

SOPQ11

If continuation sheet 5 of 22

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHEP EL HOME

425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078

Division of Health Service Regulation  
STATE FORM

Division of Health Service Regulation

PRINTED: 10/15/2020  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 6</p> <p>stated that once the provider was able to get back in his bedroom, he realized that the consumer got the Tylenol bottle and swallowed all the pills in the bottle. At that point the provider placed his hand in the consumer's mouth in attempt to get the consumer to spit the pills out of his mouth. Per consumer when the provider placed his hand in his mouth he bit the provider's finger. The consumer then stated that once the provider realized that he had swallowed the entire bottle of pills he called 911 and the consumer was transported to the hospital."</p> <p>Review on 8-11-20 of Internal investigation completed by the facility's QP with no date documented revealed:</p> <p>-Per AFL provider: "consumer was irritated due to the fact that he had broken his play stations... he told consumer (client #1) that he could watch television with him or he could borrow the other consumer's laptop, which at that time, the consumer became upset, sat beside the provider on his bed and began cursing at the provider. At that point the provider instructed [Client #1] to go to his bedroom and the provider called 911, due to his (client #1) verbal aggression... When the other consumer (Client #2) heard the commotion he came to the providers door and [Client #1] provoked a fight with the consumer by telling him to come on and he (Client #2) was going to get some of this too. The provider instructed the other consumer to go to his room to prevent any additional confrontations. As the other consumer was walking away, [Client #1] grabbed the consumer's arm and pulled him into the provider's bedroom and began hitting him ... that was when [Client #1] punched the provider on the left side of his head. Once [Client #1] punched the provider he (provider) lost consciousness of what was going</p>	V 289	<p>assure the un-announced visits are occurring.</p> <p>-QA Coordinator will review client charts for progress notes to assure appropriate goals; behavior logs and incident's reflect a manageable level of care as identified by the individual Plan of Care.</p>	11/1/2022

Division of Health Service Regulation  
STATE FORM

6899

SOPQ11

If continuation sheet 7 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  10/05/2020
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

SHEP EL HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078

(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 289	Continued From page 7  on for three to four minutes. As the provider tried to get up he became dizzy. When the provider was able to get up, his head was hurting and he realized the [Client #1] was no longer assaulting the other consumer, therefore the provider went to obtain Tylenol. As the provider attempted to open the bottle of Tylenol the consumer (Client #1) knocked the bottle out of his hand,... Once the provider was able to get the other consumer out of the bedroom, [Client #1] closed the bedroom door and pulled the sofa against the door to prevent the provider from reentering his bedroom. Eventually the provider was able to push the door open and enter the bedroom [Client #1] was still cursing and bragging about beating their a***s and at that point the police arrived and [Client #1] was transported to the hospital. [AFL provider] reported to the QP that he had contacted the consumer's mom ([mother/legal guardian]) regarding the incident." -7-27-20: "QP received a call from Care Coordinator ([Care Coordinator]) and her supervisor ([Supervisor]). Care Coordinator asked QP if she was aware the [Client #1] had a toxic amount of Tylenol in his bloodstream. According the the CC (Care Coordinator) she obtained the information from the legal guardian regarding the amount of Tylenol in the [Client #1]'s bloodstream. QP told CC that she was not aware of the allegations re: the Tylenol." -7-27-20: "QP again contacted the consumer's legal guardian [mother/legal guardian] to discuss the allegation regarding the Tylenol. Per the legal guardian she was informed that the consumer's Tylenol level was 311.5 % and the safe range for Tylenol in the blood stream should be 10-25%. [Mother/legal guardian] stated that the consumer was given anti-serum and his Tylenol level was reduced to 186.1%, still too high for the normal range."	V 289	Praising Hands will continue to conduct QA reviews and activities to track and assure compliance with mandated policies, and procedures quarterly.  QA coordinator will conduct a walk-through of any licensed home quarterly to assure the safety and well being of all consumers required. Recommendations for systematic changes will be approved by	11/1/20  11/1/2020



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  10/05/2020
NAME OF PROVIDER OR SUPPLIER  SHEP EL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 THREE GREENS DRIVE HUNTERVILLE, NC 28078		
(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 289	Continued From page 8  -7-27-20: "QP contacted the residential provider (AFL provider) and asked if he saw [Client #1] take any Tylenol and the AFL provider said No. QP asked [AFL provider] did he find the bottle of pills that was knocked out of his hand the night of the incident and the AFL provider again said NO. Per provider he was not aware of consumer consuming any Tylenol during their altercation."  -7-27-20: "QP contacted Poison Control to inquire about the meaning of toxic level in a person's system. QP asked Poison control specialist could Tylenol build up over a period of time in the body and specialist reported no, the body absorbs the Tylenol. Specialist reported that is levels were that high, then depending on the make-up of the Tylenol such as capsule, pill, or Tylenol dose (PM), that the person consumed a large amount of Tylenol at one time or in a short timeframe of a few hours."  -7-28-20: "QP again spoke with AFL residential provider, and per provider he still has not located a Tylenol bottle..."  -7-28-20: "QP spoke with [Client #2]...He went to see why he heard a commotion in the bedroom. As he was entering the bedroom [Client #1] pulled him into the bedroom and wrestled him to the floor and proceeded to choke him and would not let him go. According to [Client #2] the provider was able to pull [Client #1]'s hands from around his neck and at that point he exited the bedroom....QP also asked [Client #2] if he saw [Client #1] take any Tylenol? Per [Client #2] he did not witness [Client #1] take any medication."  -7-30-20: "Per the consumer ([Client #1]) he entered the AFL provider's bedroom because the provider and the other consumer (Client #2) where talking. According to [Client #1] when he entered the provider's bedroom he asked the provider why he was not able to play with the play	V 289	<p>Praising Hands President within 15 business days.</p> <p>QA Coord/QP will conduct an in-service for all providers who have AFL placements (accredited or licensed) to review how to properly store medication (personal and consumer) to assure the consumers are safe as well as have no access to provider's or other's medications.</p> <p>QA Coord/QP will conduct training (Building Therapeutic Relationships) for</p>	11/17/20	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  10/05/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHEP EL HOME

425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078

(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 289	Continued From page 9  station with the other friend of the family's. At that point [Client #1] stated he became upset and the other consumer [Client #2] in the home grabbed his arm and attempted to remove him from the bedroom. According to [Client #1] he became upset and punched the consumer, because he grabbed his arm and which caused the two of them to get into a physical altercation. [Client #1] stated that he and the other consumer stopped fighting because he accidentally kicked the provider's granddaughter. Per [Client #1] once he and the other consumer stopped the physical altercation the provider and consumer (Client #2) went into the hallway to call 911. According to [Client #1] once they were in the hallway he closed himself in the provider's bedroom and placed the couch behind the door to prevent the provider from entering the bedroom. [Client #1] stated that when he locked himself in the bedroom he went into the provider's dresser drawer and obtained the provider's Tylenol and consumed the entire bottle of Tylenol. [Client #1] stated that once the provider was able to get back in his bedroom, he realized that the consumer got the Tylenol bottle and swallowed all the pills in the bottle. At that point the provider placed his hand in the consumer's mouth in attempt to get the consumer spit the pills out of his mouth. Per consumer when the provider placed his hand in his mouth he bit the provider's finger. The consumer then stated that once the provider realized that he had swallowed the entire bottle of pills he called 911 and the consumer was transported to the hospital."  -Investigative Summary/Findings 7-30-20: "After interviewing the consumer, [Client #1], per report of the amount of Tylenol in the consumer's blood stream at the time of admission to the hospital-it is conclusive to the account of the incident the [Client #1] reported during his	V 289	field staff to assure staff creates appropriate boundaries w/consumers served.  -Refresher reminder that PHands is a "hands' off" agency in therapeutic training course.  Praising Hands, LLC will utilize it's Human Rights committee for recommendations and oversight of any concerns, issues or level of care questions as necessary after an	11/17/2020

AFL placement

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SHEP EL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 THREE GREENS DRIVE HUNTERVILLE, NC 28078</b>
---	--

(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 289	<p>Continued From page 10</p> <p>interview with QP. Also, as a result of the interview with [Client #1], it is determined that the allegation could have occurred and that there were major discrepancies between the AFL provider account of incident. [Licensee] has instigated the process for release of the ownership of [AFL provider]'s licensed home due to non-compliance with processes put in place to assure compliance with regulatory policies related to medication policies (storage)."</p> <p>Review on 9-30-20 of Client #1's hospital records revealed:</p> <ul style="list-style-type: none"> <li>-Admission date 7-26-20, discharge date 7-28-20</li> <li>-Primary problem: Tylenol overdose, suicide attempt.</li> <li>- "At home and got into argument with family...became very upset and went to his room and swallowed a very large handful of Tylenol, he thinks they were Tylenol PM."</li> <li>- "In the ED (emergency department) patient was lethargic with initial Tylenol level over 300 less than 4 hours after ingestion. He reports he told a family member shortly after the ingestion as he realized his mistake. He does have suicidal ideation."</li> <li>-Initial dose of N-acetylcysteine was given in the ED</li> <li>- "Patient was initiated on N-acetylcysteine (treatment for Tylenol overdose) with dosing 50 mg/kg/h (Milligrams, kilogram, hour) for the first 24 hours."</li> <li>-Labs on 7-26-20 at 9:23 pm: Acetaminophen 311.5 (HH) ref. (reference) range 10.0-25.0 mcg/ml (microgram, milliliters).</li> <li>-Labs on 7-27-20 at 2:41 am: Acetaminophen 261.5 (HH) ref. range 10.0-25.0 mcg/ml.</li> <li>-Labs on 7-27-20 at 7:00 am: Acetaminophen 186.1 (HH) ref. range 10.0-25.0 mcg/ml.</li> </ul>	V 289	has had 1 infraction of non-compliance.	11/1/20

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 11</p> <p>- "He tells his actions were reactive to the fight which occurred and did not contemplate suicide before then. He tells he does not like to follow the house rules and becomes upset when he is told what to do".</p> <p>- "Expect [Client #1] to require hospitalization and inpatient admission for at least two (2) midnights due to: Tylenol OD (overdose)."</p> <p>- Labs on 7-27-20 8:18 pm: Acetaminophen 34.3 (HH) ref range 10.0-25.0 mcg/ml</p> <p>- Labs on 7-28-20 8:11 am: Acetaminophen &lt;5 (HH) ref range 10.0-25.0 mcg/ml</p> <p>- "IVC (Involuntary Commitment) psychiatric hospitalization recommend for risk of self-injury"</p> <p>Interview on 8-12-20 with Client #1 revealed:</p> <p>- He had wanted to play video games with someone else in the house, he was told that he couldn't and this made him upset..</p> <p>- Client #1 named the person playing video games and then said that the person was a client and lived at the facility.</p> <p>- This person had lived at the facility for the past two weeks.</p> <p>- The AFL provider told him to leave his bedroom and "My AFL brother dragged me out of his room."</p> <p>- "He has done this plenty of times. Sometimes in the past, my dad (AFL provider) has let [Client #2] choke me."</p> <p>- "I punched him, we fought, we fell off the couch, I kicked the baby but not hard."</p> <p>- He had not meant to kick the AFL provider's granddaughter, it had been an accident.</p> <p>- The AFL provider and client #2 went out to call the police.</p> <p>- Client #1 "locked the the door and pushed a couch in front and took Tylenol."</p> <p>- "They pushed the door open, but I had swallowed it."</p>	V 289		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078**

(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 289	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>- "[AFL provider] thought I was taking his pills, he was trying to take the pills out of my mouth."</li> <li>- "I told him it was Tylenol. I got it from his drawer. Sometimes he gets headaches, his eyes are strained, I see him get it out of his drawer."</li> <li>- He didn't know if the person playing video games saw the client fighting or not.</li> <li>- The little girl was the AFL provider's granddaughter.</li> <li>- "She woke up and fell off the couch. My dad was like, 'the baby, the baby.'"</li> <li>- The granddaughter left the room after the altercation.</li> <li>- "When my dad's son got home it looked like he wanted to kill me."</li> <li>- "After [AFL provider] forced his way into the room, he was holding me down. I bit his finger real hard, it was bleeding, his finger was in my mouth."</li> <li>- "He (AFL provider) was like, 'I'm the daddy of this house.'"</li> <li>- Client #2 was also holding Client #1 and trying to make him spit out the pills.</li> <li>- The AFL provider told the medics that transported him (Client #1) to the hospital that he had taken pills.</li> </ul> <p>Interview on 8-11-20 and 8-12-20 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- He had heard noise and Client #1 pulled him into the AFL provider's bedroom.</li> <li>- The two clients (Clients #1 and #2) were fighting and the AFL provider took Client #2 out of the room.</li> <li>- The AFL provider's granddaughter was in the room, but she came out before Client #1 barricaded himself in the room.</li> <li>- Client #1 did not say anything about taking medication.</li> <li>- "I told him to calm down, he went off on me."</li> </ul>	V 289		

Division of Health Service Regulation

STATE FORM

6899

SOPQ11

If continuation sheet 13 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 13</p> <p>-He had not gone into the bedroom after Client #1 had barricaded himself in.</p> <p>-I didn't see pills, I don't know nothing about that part. I never found out [Client #1] took pills."</p> <p>Interview on 8-11-20 with the AFL provider revealed:</p> <p>-Client #1 was upset and had come into his bedroom.</p> <p>-Client #1 sat on his bed and was cursing and going off.</p> <p>-He was mad, I talked to him, he told me to shut up."</p> <p>-He said 'I'm going to whip your a*s.'"</p> <p>-I stood up, [Client #2] came into the room and I told him to go back to his room."</p> <p>-[Client #1] grabbed his arm and they started fighting."</p> <p>-They were on the floor, I got between them and separated them."</p> <p>-He socked me upside my head."</p> <p>-[Client #1] was cussing, saying he was tired of this, you don't want me to stay here."</p> <p>-He slapped me then, he hit me in my head again."</p> <p>-His granddaughter was in the house, his son had brought her over and then left to get everyone lunch. A family friend was also on the third floor.</p> <p>-[Client #1] wanted to go up there (the third floor), but I told him 'No, they don't get along.'"</p> <p>-After that, I got a headache after he hit me."</p> <p>-He said that for maybe 2-3 minutes he felt disoriented.</p> <p>-The AFL provider got out the Tylenol and client #1 knocked it out of his hands.</p> <p>-He took client #2 out of the room and client #1 pushed the love seat in front of the door.</p> <p>-I didn't find out until later that [Client #1] took Tylenol."</p>	V 289		

Division of Health Service Regulation

STATE FORM

8899

SOPQ11

If continuation sheet 14 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- "He (Client #1) calmed down, he was saying 'I'm sorry.'"</li> <li>- Police came and talked to everyone, Client #1 admitted "he did this."</li> <li>- AFL provider would not elaborate on what Client #1 did.</li> <li>- The police had seen the bruise on the AFL provider's head.</li> <li>- "In tousling with him, my finger got bitten."</li> <li>- His finger went into Client #1's mouth when he was trying to separate the two clients.</li> <li>- He didn't know if the family friend had heard anything or not, since he was on the third floor.</li> <li>- Client #1 had lived with him for almost 3 years and had not had an issue like this before.</li> <li>- When asked if Client #1 would be returning to the facility: "The only way is if he has another guardian. None of this would have happened with another guardian."</li> <li>- "She (mother/legal guardian) would cuss him, and tell him there is no holy spirit. He got angry with me."</li> <li>- "She took him to Atlanta to visit her son. They were smoking weed. I told him I didn't want him in those surroundings."</li> <li>- "The evening of the blow up, he had just gotten off the phone with his mother."</li> <li>- "I told the psychologist I can't do this (AFL provider started to cry), that young man just needs to be saved."</li> <li>- "He could have made it, he was making it, now it's down the tubes."</li> <li>- "It hurts me, [Client #1] was my son. He didn't smoke drugs, stopped cussing."</li> <li>- "When he told me he had taken the Tylenol I did go look for it and found the empty bottle. I had gotten the bottle out of the closet to take. I had gotten the bottle about a year ago, so there weren't that many pills in it."</li> <li>- Said that client #1 had told him about taking</li> </ul>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078**

(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 289	<p>Continued From page 15</p> <p>the Tylenol, but not until client #1 was in the hospital.</p> <p>Interview on 8-11-20 with the Mother/Legal Guardian of Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "He (Client #1) will not be going back...he wants to go back but I feel it would be neglectful."</li> <li>- "[Client #1] can get explosive, he can cuss like sailor, I do too."</li> <li>- "[Client #1] has expressed [Client #2] chokes him or grabs him."</li> <li>- Client #1 has made threats to her and her son before.</li> <li>- She spoke to client #1 at approximately 1:00 pm the day of the incident and he had been upset about not being able to go swimming.</li> <li>- The AFL provider had previously talked about putting in his notice so client #1 couldn't live there anymore.</li> <li>- Approximately 7:00 pm 7-26-20 "[AFL provider] called and said [Client #1] was on the way to the hospital, he said 'he attacked me' and said he was like a 'wild animal.'"</li> <li>- "[AFL provider] said he had to lock [his son] in the garage so he wouldn't hurt [Client #1]."</li> <li>- "He (AFL provider) wanted to know what I said to him, he said his finger was bitten down to the bone."</li> <li>- The AFL provider said that he was getting ready to take Tylenol and that he didn't think that Client #1 got the bottle, but if he did, it couldn't have been more than a couple of pills.</li> <li>- Client #1 called her about 10:00 pm and he was slurring his words.</li> <li>- She talked to a nurse and was told the labs said something like 311 so they took them again in the morning and it was 183.</li> <li>- "He had 300 x's the safe limit."</li> <li>- The nurse told her that Client #1 had reported that he took a handful of pills and that</li> </ul>	V 289		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078**

(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 289	<p>Continued From page 16</p> <p>would be in line with the amount in his bloodstream.</p> <p>-She believes that the AFL provider did know that Client #1 had taken the Tylenol.</p> <p>-Client #1 had told her that Client #2 grabbed him after the AFL provider asked him to leave the bedroom.</p> <p>-Client #1 told her that he had kicked the AFL provider's granddaughter.</p> <p>-He had also hit the AFL provider in the head trying to hit client #2.</p> <p>-Client #1 told her that he went downstairs and the AFL provider told him he was going to take out a warrant for his arrest.</p> <p>-That was when he went upstairs pushed a couch up against the door and got the Tylenol out of a drawer. He had seen the AFL provider take Tylenol daily.</p> <p>-"They (AFL provider and client #2) pushed into the room. [Client #2] held him and [AFL provider] went into his mouth. That's when he bit [AFL provider]'s finger."</p> <p>Interview on 8-12-20 with the Care Coordinator for Client #1 revealed:</p> <p>-She had gotten most of her information from Client #1's mother/legal guardian. She didn't think the AFL provider had been very forth coming with information to either her or the QP for the agency. She got different stories from the AFL provider and the mother/legal guardian.</p> <p>-"[Client #1] has a history of embellishing, personally, I believe [Client #1]'s version."</p> <p>-"[AFL provider] ...I feel like he knows the right thing to say. I think he knew something happened and he had to spin it so it wouldn't be his fault."</p> <p>-"I think the reason he didn't have [Client #1] sent to jail is because he knew he swallowed the medication."</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 17</p> <p>- "I don't know anything about someone else living there."</p> <p>- Client #1 has been stable since March, but she feels like the AFL provider is getting "burnt out."</p> <p>- She feels that there may be favoritism shown toward client #2, who has been with the AFL provider a "crazy amount of time."</p> <p>- "Makes me wonder if people are there hanging out and [Client #1] can't participate."</p> <p>- "We got a letter from [Licensee] that they were done with [AFL provider] as of next Tuesday ( 8-18-20) then the next day we got a revised one saying he had 60 days. The guardian of [Client #2] wants him to stay with him."</p> <p>Interview on 8-12-20 and 10-1-20 with the Qualified Professional (QP) revealed:</p> <p>- She had called the AFL provider several times after the incident to see if he had found the Tylenol bottle, but he had not.</p> <p>- She had been told that client #1 knocked the bottle out of the AFL provider's hand.</p> <p>- She did not know that client #1 had taken the Tylenol until the Care Coordinator called her.</p> <p>- There were too many discrepancies between the stories.</p> <p>- They had let the AFL provider go and he was no longer with the company.</p> <p>- He had moved to another Licensee.</p> <p>Interview on 8-20-20 with LME (Local Management Entity) Quality Assurance staff revealed:</p> <p>- She had been informed by the mother/legal guardian that client #1 had gone to the hospital for his behaviors and his blood levels were tested.</p> <p>- She thought that client #1 had become angry about not going swimming, but was not sure</p>	V 289		

Division of Health Service Regulation

STATE FORM

6899

SOPQ11

If continuation sheet 18 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/05/2020
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHEP EL HOME

425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078

(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 289	<p>Continued From page 18</p> <p>about that.</p> <p>-The AFL provider had "blackened out" and didn't know client #1 had gotten the Tylenol.</p> <p>-I spoke with [QP] and she said the license would expire on 10-31 and they wouldn't be renewing it. She didn't say why the medications weren't locked."</p> <p>Interview on 8-12-20 with the hospital's social worker revealed:</p> <p>- "We typically do labs on everyone."</p> <p>- Client #1 had told them that he had taken the pills because he was angry at his father (AFL provider)</p> <p>Interview on 8-11-20 with the friend of the family that was reportedly in the facility revealed:</p> <p>-He was friends with all the people in the house and had been over before.</p> <p>-He had been upstairs playing video games and had music playing.</p> <p>-He came down after about 45 minutes because he thought the AFL provider's son had returned with lunch.</p> <p>-When he came down, the police were there, the AFL provider's finger was bleeding and client #2 had a black eye.</p> <p>- "[AFL provider] said [Client #1] bit him when he was trying to separate them (the two clients). [Client #1] grabbed his hand and bit it."</p> <p>Review on 10-5-20 of undated letter addressed to LME Quality Assurance staff revealed:</p> <p>- "Please accept this letter of notification on Praising Hands, LLC intent to release ownership of the DHSR (Division of Health Service Regulations) license MHL-060-1229 for [AFL provider and his address]. The effective date of this release is October 31, 2020. This request is based on incidents that have occurred with this</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERSVILLE, NC 28078**

(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 289	<p>Continued From page 19</p> <p>home over the past year. DHSR has conducted 3 surveys visits/investigations in this home that resulted in non-compliance issues that could potentially impact the health and safety of members served. There were 3 medication issues related to MAR (Medication Administration Record) documentation (dose/time) and storage (locked box). The storage issue resulted in 2 hospitalizations for [Client #1] due to getting and consuming prescription medications as well as over the counter medications...Praising Hands has implemented increased supervision, and training refresher courses (Medication Administration) for [AFL provider] to assure compliance and reportedly based on incidents-have not been successful...."</p> <p>Review on 10-5-20 of the Plan of Protection dated 10-1-20 and signed by the Qualified Professional revealed:</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"1. Praising Hands, LLC terminated the [AFL provider] home license on 9-30-20. 2. Praising hands, LLC reports all issues of suspected abuse/neglect well-being violations to appropriate parties to include DSS (Department of Social Services), DHSR (Division of health Care Regulation) (Healthcare Regulations/Registry) and MCO (Management Care Organizations). 3. Provides observation/supervision activities for all licensed homes at a minimum of monthly or as needed. 4. Provide training and resources to ensure all providers are current with policies; continued/mandated training annually."</p> <p>Describe you plans to make sure the above</p>	V 289		

Division of Health Service Regulation

STATE FORM

6899

SOPQ11

If continuation sheet 20 of 22



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	<p>Continued From page 20</p> <p>happens.</p> <p>"1. Praising hands, LLC conducts QA (Quality Assurance) activities to assure compliance with mandated policies/processes.</p> <p>2. Praising hands, LLC conducts continuous quality improvement meeting to identify needs for systematic changes to policies.</p> <p>3. Praising hand, LLC has an active Human Rights committee that meets annually."</p> <p>Client #1 had diagnoses that include Disruptive Mood Dysregulation Disorder, Mild Intellectual Disorder, Oppositional Defiant Disorder, Bipolar Disorder, unspecified. He had a history of multiple episodes aggression and had overdosed on medication on at least two previous occasions. On 7-26-20 he became upset and had an altercation with Client #2. The AFL provider stepped in and Client #1 punched him on the side of his head, and at some point, Client #1 bit the AFL provider's finger. The AFL provider left the bedroom, leaving Client #1 in the room with unlocked Tylenol. Client #1 knew the Tylenol was in the AFL provider's drawer because he had seen him take the medication on previous occasions. Client #1 barricaded himself in the bedroom and took an unknown amount of Tylenol. He was taken to the hospital where his blood level was Acetaminophen 311.5 and the normal range should be 10.0-25.0 mcg/ml. He required two days of hospitalization and medication to restore his blood levels to normal ranges. Client #1 was able to have access to unsecured medications, resulting in an overdose. This deficiency constitutes a Type A1 rule violation for serious harm and must be corrected within 23 days. An administrative penalty of 1,000 is imposed. If the violation is not corrected within 23 days, an additional penalty of 500.00</p>	V 289		

Division of Health Service Regulation

STATE FORM

6899

SOPQ11

If continuation sheet 21 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2020</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHEP EL HOME**

**425 THREE GREENS DRIVE  
HUNTERVILLE, NC 28078**

(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 289	Continued From page 21  per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		

## IN-SERVICE- Qualified Professionals

**SUBJECT: Understanding Abuse and Neglect/Incident Reporting**

**Date: October 28, 2020**

**Time: 3:30pm-5:30pm**

**TRAINER:** Barbara Burke/Sandra Lloyd

**PRINT NAME:**

**SIGN NAME:**

[illegible]



# NORTH CAROLINA INCIDENT RESPONSE IMPROVEMENT SYSTEM

Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

## Incident Response and Reporting Manual

February 2011

**NORTH CAROLINA DIVISION OF MH/DD/SAS**

325 N. Salisbury Street  
3003 Mail Service Center  
Raleigh, NC 27699-3003

Phone: 919-733-0696



# Abuse & Neglect Reporting

- What is abuse?
- Signs of abuse
- What is neglect?
- Signs of neglect
- How to report suspected abuse and/or neglect



# Therapeutic Intervention Training:

- Therapeutic Relationships
- Communication Techniques
- Crisis Intervention



To: Patricia Werk

From: Nadia Lighter

Date 11/15/2020

- Attached Plan of Correction  
Shep El Home
- Training Sign In log
- Cover sheet Incident Reporting
- Cover sheet Abuse/Neglect Training

Please feel free to call me if  
any questions.