

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMONWEALTH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on 11/6/20. The complaints were unsubstantiated(Intakes #NC165251, #NC170539). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;">NOV 9 2020</p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p><b>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</b></p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Stephen Cope QPSS Program Director</i>	TITLE  <b>11/16/2020</b>	(X6) DATE
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STATE FORM MQFW11 If continuation sheet 1 of 6

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure paraprofessionals demonstrated competencies for the population served for 3 of 5 staff (#1, #2, #5). The findings are:</p> <p>Interview on 11/3/20 with staff #5 revealed: -work the nightshift 8pm-8am; -gave client #1 a shower in the morning(10/11/20) and noticed some bruises; -one bruise was on client #1's belly; -saw another bruise on client #1's thigh; -documented the bruising on the body check log; -told staff #2 and staff #4 who came in on first shift that morning(10/11/20); -showed them staff #2 and staff #4 the bruising; -staff #2 and staff #4 asked client #1 what happened; -client #1 pinched her thigh and pushed on her stomach; -staff #5 left the facility around 9:30am that morning.</p> <p>Review on 10/219/20 of a form titled "Daily Body Check" dated 10/11/20 for client #1 revealed: -completed by staff #5; -bruise on client #1's lower left abdomen; -bruise on client #1's upper left thigh.</p> <p>Interview on 10/29/20 with staff #4 revealed: -changed client #1's clothes one afternoon;</p>	V 110	<p>Group Home Manager will continue both formal and informal training with all staff, especially in regards to incident reporting. All staff have been assigned and will complete an online training on incident reporting. Group Home Manager will monitor incidents and incident reports at least 2x weekly to ensure that incident reporting process is being followed accurately.</p>	11/30/2020

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-observed bruising on client #1's stomach and leg;</li> <li>-staff #2 came in to work;</li> <li>-called staff#2 to client #1's bedroom and showed her the bruises;</li> <li>-there were allegations staff #1 pinched client #1;</li> <li>-the next day, staff told the Group Home Manager(GH Mgr);</li> <li>-an investigation was done.</li> </ul> <p>Review on 10/30/20 of a staff meeting/training dated 3/9/20 revealed:</p> <ul style="list-style-type: none"> <li>-staff trained on incident reporting;</li> <li>-staff trained on notifying supervisors of any issues/concerns;</li> <li>-staff #4 signed the sign-in sheet for the training.</li> </ul> <p>Interview on 10/29/20 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-she came in to work the night shift at 7:30pm that day;</li> <li>-staff #4 went back to check on client #1;</li> <li>-staff #4 called her back to client #1's bedroom;</li> <li>-staff #4 showed her bruises on client #1's left side of her stomach and left side of her thigh;</li> <li>-allegations were made staff #1 pinched client #1;</li> <li>-she told the GH Mgr about the allegations the next morning at the end of her night shift.</li> </ul> <p>Review on 10/29/20 of an incident report dated 10/11/20 regarding client #1 revealed:</p> <ul style="list-style-type: none"> <li>-date provider learned of the allegations was documented as 10/12/20;</li> <li>-the Group Home Manager (GH Mgr) completed the incident report;</li> <li>-staff notified the GH Mgr client #1 had bruising on her stomach;</li> <li>-staff asked client #1 what happened and client #1 pulled up her shirt and pinched herself where the bruise was;</li> <li>-allegations were made staff #1 pinched client #1;</li> </ul>	V 110		
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V 110	Continued From page 3  -an internal investigation was initiated; -staff #1 was suspended 10/12/20; -the allegations were unsubstantiated.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure assessments were completed for 1 of 4 clients (#1). The findings are:</p> <p>Review on 10/30/20 and 11/3/20 of the facility's staff meeting documentation revealed the following topic addressed: -3/9/20 client body checks required daily and documented on body check forms; -9/10/20 client body checks are required to be completed after giving clients their showers; -10/22/20 client body checks are required daily.</p> <p>Review on 10/29/20 of client #1's record revealed: -client #1 was admitted 6/1/12 with the diagnoses of IDD-Mild, Multiple Sclerosis, Seizures and Depression; -client #1 in a wheelchair; -client #1 required physical assistance for hygiene tasks.</p> <p>Interview on 11/3/20 with staff #5 revealed: -gave client #1 her shower in the morning; -observed some bruising on client #1; -documented on body check log as required.</p> <p>Interview on 11/3/20 with staff #1 revealed: -body checks are supposed to be done daily by staff who does shower with clients; -have a log to document body checks; -when she started working at the facility, was told</p>	V 111	<p>Group Home Manager will continue to address the importance of daily body checks through formal and informal training. Group Home Manager will check the body checks at least 2x weekly to ensure that these are being completed accurately.</p>	11/20/2020

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V 111	<p>Continued From page 5</p> <p>to do body checks; -was made part of her training.</p> <p>Review on 10/29/20 of the documentation of client #1's body checks for the months of August 2020, September 2020 and October 2020 revealed the following dates missing: -8/30, 8/29, 8/19,8/20, 8/21, 8/15, 8/7, 8/6, 8/5, 8/3, 8/2 and 8/1; -9/27, 9/25, 9/22 and 9/4; -10/23, 10/14, 10/13 and 10/12.</p> <p>Interview on 10/29/20 with the Group Home Manager revealed have addressed body checks with staff.</p>	V 111		





November 16, 2020

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

DHSR - Mental Health

NOV 20 2020

Lic. & Cert. Section

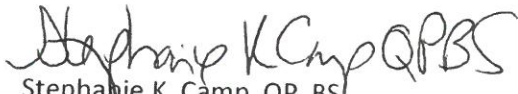
RE: MHL #060-402

Dear Ms. McLain,

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation Type B follow up and complaints survey completed on November 6, 2020 at the Commonwealth Group Home, located at 3601 Commonwealth Avenue, Charlotte, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Stephanie Camp by phone at (704) 924-0028 or through e-mail at [stephanie.camp@eastersealsucp.com](mailto:stephanie.camp@eastersealsucp.com).

Respectfully submitted,

  
Stephanie K. Camp, QP, BS  
Residential IDD Program Director  
Easterseals UCP