

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SHORE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>409 SOUTH SHORE DRIVE JACKSONVILLE, NC 28540</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on February 16, 2021. The complaint was substantiated (Intake #NC00173779). 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		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</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 plan upon hiring each paraprofessional.</p>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of five audited staff (House Manager(HM)) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are:</p> <p>Review on 02/11/21 of client #2's record revealed: - 52 year old male. - Admission date of 11/13/19. - Diagnoses of Severe Intellectual Developmental Disability, Schizoaffective Disorder and Diabetes.</p> <p>Review on 02/11/21 of client #1's record revealed: - 27 year old male. - Admission date of 12/13/19. - Diagnoses of Mild Intellectual Developmental Disability and Bipolar Disorder.</p> <p>Review on 02/15/21 of the HM's record revealed: -Hired 10/22/19. -Fired 02/12/21.</p> <p>Review on 02/16/21 of the HM's Performance Improvement Plan/Discharge dated 02/12/21 revealed: "-Supervisor's actions to assist employee improvement: Residents have reported staff sleeps on the job. -It has been reported that staff curses at the individuals and is demanding in his request/instructions to residents. -Additional Comments: On 02/11/21 a</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>Residential Administrator received a phone call from one of the residents at South Shore at 9:55pm stating that the [HM] was currently sleeping on the clock. Residential Administrator arrived at the home at 10:15pm to find [HM] in a deep sleep to the point that he didn't realize that she had entered the house and was in the home approximately 20 min (minutes) before staff work (woke) up and was aware of her presence. There was also a complaint made to the state the [HM] uses offensive language toward the residents every time he works. At this time [HM] will be relieved of his position with ACHCM."</p> <p>Review on 02/15/21 of the North Carolina Incident Response Improvement System revealed no incident reports involving HM and client #2.</p> <p>Surveyor attempted to interview client #2 on 02/11/21 and client #2 refused to acknowledge surveyor and went to his room and shut the door.</p> <p>During interview on 02/11/21 client #1 revealed: -He had lived at the facility since 2018. -Another agency owned the facility when he moved into the facility. -He had a issue with the HM and did not like the HM. -The HM would sleep on his shift and he yelled and cussed a lot while he was working. -He would stay in his room when HM was working to avoid contact with the HM. -The HM yells and cusses at client #2 and client #2 is unable to communicate. -The staff that work the day shift had heard the HM yelling and cussing at client #2. -He had reported the yelling and cussing to another staff.</p> <p>During interview on 02/15/21 staff #1 revealed:</p>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-She had worked at the facility since June 2020.</li> <li>-She worked all shifts but mainly day shifts.</li> <li>-She had worked with the HM.</li> <li>-She had reported the HM to her Associate Professional (AP) because the HM was yelling and cussing at client #2.</li> <li>-Client #2 was pretty much non-verbal.</li> <li>-Client #2 could say a few things but he understands everything you say to him.</li> <li>-The HM would yell at client #2 and was very demanding with client #2.</li> <li>-The HM would cuss at client #2 by asking him what the f*** was he doing.</li> <li>-She had a handicap son that had some of the same characteristics that client #2 had and she did not appreciate the way the HM talked to client #2.</li> <li>-The HM was very rude with client #2.</li> <li>-The HM had done is on several occasions and she gave the HM the benefit of the doubt thinking he may of been having a bad day.</li> <li>-When the HM continued to yell and cuss at client #2 is when she reported to her supervisor.</li> <li>-The HM is no longer working with the company.</li> <li>-He was fired on Friday (02/12/21)</li> </ul> <p>During interview on 02/11/21 staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 had reported to her that the HM would yell and cuss at client #2.</li> <li>-She had witnessed on one occasion the HM yelling and cussing at client #2.</li> <li>-She was working with the HM and the HM had asked client #2 to get in the shower.</li> <li>-Client #2 was in one of his moods.</li> <li>-Client #2 did not get in the shower and the HM entered his room and asked him "What was his f***** problem" and was very verbally aggressive with him.</li> <li>-When working with client #2 you have to be firm with him but not aggressive or yell at him</li> </ul>	V 110		

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V 110	<p>Continued From page 4</p> <p>because he understands what you are telling him. -She did say something to the HM about his language and yelling. -Client #1 later reported to her the HM was still yelling and cussing and was sleeping on the job.</p> <p>Attempted interview was made with the HM on 02/15/21 and no return call was made.</p> <p>During interview on 02/15/21 the AP revealed: -She became the AP of the facility January 2021. -Staff had reported that the HM was yelling and cussing at client #2. -She reported the concerns to her boss which was the Assistant Program Director (APD). -She counseled with the HM and also had to do a performance improvement plan with the HM because he had a medication error. -The HM was fired on Friday due to sleeping on the job and how he was verbally treating the clients in the facility. -She reported the concerns of the HM to the APD at the end of January or the beginning of February.</p> <p>During interview on 02/11/21 and 02/16/21 the APD revealed: -She was not aware of the HM yelling, cussing or sleeping on the job. -The AP had not told her about the problems or issues with the HM at the facility. -The HM was fired on Friday because she sent a staff to the facility while HM was working and he was sleeping on the job. -She informed the HM that he would no longer be employed with the agency. -She stated the HM did not deny cussing or yelling at client #2. -The HM told her he was not trying to be mean to client #2 and he was just trying to get client #2's</p>	V 110		

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V 110	Continued From page 5  attention. -A level 2 had not been completed and the Health Care Personal Registry had not been completed.	V 110		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>See Tag V 110 for specifics.</p> <p>Review on 02/11/21 of the North Carolina Incident Response Improvement System (IRIS) website from January 2021 thru present revealed: - No allegations of abuse against facility staff were submitted to the HCPR as required.</p> <p>During interview on 02/11/21 and 02/16/21 the APD revealed: -She was not aware of the HM yelling, cussing or sleeping on the job. -The AP had not told her about the problems or issues with the HM at the facility. -The HM was fired on Friday because she sent a staff to the facility while HM was working and he was sleeping on the job. -She informed the HM that he would no longer be employed with the agency. -She stated the HM did not deny cussing or yelling at client #2.</p>	V 132		

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V 132	Continued From page 7  -The HM told her he was not trying to be mean to client #2 and he was just trying to get client #2's attention. -A level 2 had not been completed and the Health Care Personal Registry had not been completed.	V 132		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

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V 367	<p>Continued From page 8</p> <p>day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report a critical incident to the home and host Local Management Entity (LME) as required. The findings are:</p> <p>See Tag V 110 for specifics.</p> <p>Review on 02/11/21 of the North Carolina Incident Response Improvement System (IRIS) website from January 2021 thru present revealed: - No incident report ion reference to client #2 and the House Manager were submitted.</p> <p>During interview on 02/11/21 and 02/16/21 the APD revealed: -She was not aware of the HM yelling, cussing or sleeping on the job. -The AP had not told her about the problems or issues with the HM at the facility. -The HM was fired on Friday because she sent a staff to the facility while HM was working and he was sleeping on the job.</p>	V 367		

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V 367	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-She informed the HM that he would no longer be employed with the agency.</li> <li>-She stated the HM did not deny cussing or yelling at client #2.</li> <li>-The HM told her he was not trying to be mean to client #2 and he was just trying to get client #2's attention.</li> <li>-A level 2 had not been completed and the Health Care Personal Registry had not been completed.</li> </ul>	V 367		