



December 21, 2020

Kaila Mitchell
Facility Compliance Consultant II
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation

145 Cane Creek Ind. Park Rd
Suite 250
Fletcher, NC 28732

Phone: 828.684.1940
Fax: 828.684.1553

Re: Complaint Investigation Survey Completed October 28, 2020
Pinebrook Group Home

Dear Ms. Mitchell,

Please find the enclosed Plan of Correction for the Pinebrook Group Home Complaint Investigation. I apologize for the lateness of this report. Our corrections are complete and we have been in the home monitoring for compliance.

If you have any questions feel free to contact me at john.carithers@rhanet.org or call me at 828-817-9565.

Thank you,

A handwritten signature in black ink, appearing to read "John M. Carithers".

John M. Carithers
RHA Facility Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER PINEBROOK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791
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(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) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		
W 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on record review and verified by interviews, the facility failed to complete a thorough investigation with the inability to show evidence of appropriate corrective measures related to the findings of an internal investigation relative to abuse. The finding is:</p> <p>Review of internal records on 10/28/20 revealed an internal investigation dated 10/7-10/13/20. Review of the internal investigation revealed on 10/7/20 revealed staff A made an allegation about staff B relative to abuse, alleging staff B had stuffed a sock in the mouth of client #1. Continued review of the 10/7/20 internal investigation revealed staff A provided an unknown date and time regarding the alleged incident.</p> <p>Review of staff A's statement during the internal investigation revealed staff A to put in writing "A couple of weeks ago, staff B was putting client #1 in bed and he tried to spit so she grabbed a sock and put it in his mouth." Further review of the 10/7/20 internal investigation revealed staff A to verbally report in interview additional inconsistencies with when the alleged incident occurred referring to the incident occurring when</p>	W 154	<p>Staff A was transferred to the Rayside group home on 10-26-20. She was issued a corrective action on 10-30-20 for failure to report abuse, neglect, and/or exploitation in a timely manner. Her use of abusive language was also addressed in the corrective action. She will be terminated for any future infractions. The IDT will continue to monitor the behavior of Staff A through direct observations once per week for one month and then on a monthly basis to ensure that she is not engaging in the use of profane language with the residents.</p>	12-28-20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John Carther TITLE: Administrator (X6) DATE: 12/21/20

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 154	<p>Continued From page 1</p> <p>she began employment at the group home. Interview with the facility program manager on 10/28/20 verified staff A began employment on 2/17/20.</p> <p>Additional review of written statements from various staff during the internal investigation revealed staff A had engaged in a verbal altercation with staff B and profanity was used. Review of a written statement by staff B during the 10/7/20 internal investigation revealed "I was trying to talk to the nurse, she (staff A) kept targeting me screaming and cussing. I said there are clients in here." Review of written statements by the facility nurse and staff C revealed additional statements of staff A using profanity towards staff B.</p> <p>A review of conclusions of the 10/7/20 internal investigation revealed a unsubstantiated finding of abuse. A review of recommendations from the 10/7/20 investigation revealed the behavior plan for client #1 was to be revised to outline a clear specific practice for spitting, staff would be in-serviced on appropriate supports to address spitting behavior of client #1 and the clinical team would complete unannounced visits to the group home to monitor therapeutic interactions between staff/clients. Further review of recommendations revealed no evidence of administration to address late reporting of an abuse allegation by staff A. Additional review of recommendations revealed no evidence of further inquiry or efforts of administration to address the alleged use of profanity by staff A in front of clients.</p> <p>Interview with the program manager verified staff A had reported an abuse allegation, involved in the 10/7/20 internal investigation, untimely and in</p>	W 154		

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W 154	Continued From page 2 violation with the agency internal policy of immediate reporting of abuse. Continued interview with the facility program manager verified profanity was not to be used by staff in front of clients. Further interview verified staff A's untimely reporting of abuse and alleged inappropriate language in front of clients had not been inquired of further by the facility to determine if verbal abuse of clients had occurred. Subsequent interview with the facility program manager verified untimely reporting nor the use of profanity in front of clients had been addressed with staff A relative to corrective action or further training. Additional interview with the program manager revealed staff A was still employed by the agency and had been transferred to a different group home as of 10/19/20.	W 154		

For Fletcher Raybald A+B GH Team (Kanyachta Bethel (019828)) Overall Status Successfully Completed
Overall Process Data Change: Sydney Truitham (708566) Due Date 10/26/2020

Event Details Process

Start

Start Details

When do you want this change to take effect? *

- 10/16/2020 added

Why are you making this change? *

- Change Job Details added

Who will be the manager after this change?

- Kanyachta Bethel (019828) added
- Katie Spranger (706754) removed

Which team will this person be on after this change?

- Fletcher Raybald A+B GH Team (Kanyachta Bethel (019828)) added
- Facebook Group Home Team (Katie Spranger (208754)) removed

Where will this person be located after this change?

- Hendersonville Admin Unit

Move

Opening

What do you want to do with the opening left on your team? *

- Move this headcount to the new manager added



EMPLOYEE CORRECTIVE ACTION FORM

Employee Name	Sydney Trantham	Supervisor	Ken Bethel
RHA Work Site	RSB	Position	DSP
Department/Location	Hendersonville	Date	10-30-20

This corrective action is for the following step in the progressive corrective action process

<input type="checkbox"/> Verbal Counseling	<input type="checkbox"/> Written Warning	<input type="checkbox"/> Termination
<input type="checkbox"/> Suspension <i>For use during internal or external investigations</i>	<input checked="" type="checkbox"/> Final Written Warning	

See HR Policy 420 Corrective Action and 505 Company Leaves of Absence for more details.

Reason for Corrective Action (Please Refer to list of Workplace Misconduct Violations in HR Manual Policy 420)

<input type="checkbox"/> General Workplace Misconduct	<input type="checkbox"/> Attendance	<input checked="" type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> Unsatisfactory Performance
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Describe the workplace misconduct, attendance, unsatisfactory performance, or inappropriate behavior. Be sure to include date, time, place, behavior or performance, and any other important information. If applicable, outline previous discussions. (Continue on back)

The internal investigation on 10/7/20 revealed Sydney made an allegation about staff B relative to abuse, alleging staff B had stuffed a sock in the mouth of client #1. Continued review of the 10/7/20 internal investigation revealed Sydney provided an unknown date and time regarding the alleged incident. Further review revealed that Sydney never reported the alleged abuse.

The same internal investigation revealed staff A had engaged in a verbal altercation with staff B and profanity was used. Review of a written statement by staff B during the 10/7/20 internal investigation revealed "I was trying to talk to the nurse, she (staff A) kept targeting me screaming and cussing. I said there are clients in here." Review of written statements by the facility nurse and staff C revealed additional statements of staff A using profanity towards staff B.

Corrective Action History

Date	9-28-20	Corrective Action	Late for work
Date	9-30-20	Corrective Action	Performance improvement for not completing work
Date		Corrective Action	

What specific corrective actions are required to improve performance? List trainings and specific changes in behavior required to improve performance (Continue on back)

Complete training on timely reporting. Always report abuse, neglect, and/or exploitation any time you observe it, as soon as you observe it.

Never use abusive language around the people she supports.

The next level of corrective action that will be taken if workplace misconduct violations continue will be:

<input type="checkbox"/> Written Warning	<input type="checkbox"/> Final Written Warning	<input checked="" type="checkbox"/> Termination
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Continued unsatisfactory conduct may lead to further corrective action up to and including termination of employment. Steps in the corrective action process may be bypassed based on the scope, severity, and responsibility at the time.

Employee Comments (Continue on back)

Employee Signature (Required)	Sydney Trantham	Date	10-30-20
Supervisor Signature	Ken Bethel	Date	10-30-20