

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHIN COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6750 SAINT PETERS LANE, SUITE 400 MATTHEWS, NC 28105</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 3-18-21. The complaint was substantiated (#NC00173787). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 109	<p>VP of Residential/Program Director will Train Program Supervisors on the following policies: ratio, administrator on call, scheduling, supervision, and attendance.</p> <p>Program Supervisors will train all Residential Care Specialist on the following policies: ratio, administrator on call, scheduling, supervision, and attendance.</p>	<p>3/16/2021</p> <p>3/29/2021</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

*Nannah Dunham* Chief Performance & Quality Officer 4/13/2021

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V 109	<p>Continued From page 1</p> <p>for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review one of one Qualified Professional (QP#1) failed to demonstrate knowledge, skills and ability required by the population served. The findings are:</p> <p>Review on 3-12-21 of the QP#1's personnel record revealed: -Hire date of 10-6-03. -Job Title: Program Supervisor. -Job description dated 1-2-2021 revealed primary responsibilities include; "effective proactive communication in all directions (up, down, sideways) to ensure program needs are meet...proactively address performance issues and replace team members who consistently fall short of delivering on their objectives...create an open and trusting environment where teamwork and collaboration is values...ensure internal and external standards are met regarding records, documentation and general services provided. " -Trainings include: TCI (Therapeutic Crisis Intervention) refresher test 10-30-20, corporate compliance and ethics 6-22-20, Thompson Child and Family Focus (TCFF) policy: Whistle blower 2-10-19.</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>Review on 3-12-21 of emails sent to the Division of Health Service Regulation (DHSR) surveyor from the Quality Improvement Specialist dated 2-12-21 to 3-11-21 revealed:</p> <ul style="list-style-type: none"> <li>- "Supervision is held weekly with all of the program supervisors."</li> <li>- Third shift staff working by themselves;</li> </ul> <p>"Dates: January 13th, 18th, 24th, 31st; February 7th, 13th, 14th, 16th." (2021)</p> <ul style="list-style-type: none"> <li>- "[Program Supervisor (QP#1)] appears to have directed the Floor Supervisor to provide support for both cottages, when the floor supervisor was supporting Alphin, then [sister facility] would have been out of ratio and visa versa. Therefore, those 8 dates represent times when both cottages were out of ratio at different times throughout the 3rd shift."</li> <li>- "Leadership beyond [Program Supervisor (QP#1)] was not aware this occurred. Once we became aware, we began taking immediate action."</li> <li>- "This is being addressed immediately through several means:</li> </ul> <ol style="list-style-type: none"> <li>1. The program supervisor of [sister facility] and Alphin is being put on a formal Performance Improvement Plan which will result in immediate termination if there are any issues with ratio moving forward.</li> <li>2. We have created a new email address for any staff to use if they have concerns regarding staffing/ratios: [email address]. This email will go to several layers of Thompson leadership who will respond/address any concerns immediately. If staff ever have concerns with staffing they have been asked to email [email address] and it will be addressed. It is active now.</li> <li>3. Revised operational guidelines are being drafted around issues of scheduling, and our leadership will be following up to ensure these are all reviewed, understood and signed off on in the</li> </ol>	V 109	<p>VP of Residential Services created new policy specific to ratio and distributed to all residential staff.</p> <p>Program Supervisor over Alphin Cottage was placed on a formal Performance Improvement Plan.</p> <p>Chief of Programs created a group staffing concerns email address to encourage staff to submit any concerns related to staffing/ratio; All residential staff were informed of new avenue to voice concerns.</p>	<p>3/12/2021</p> <p>3/12/2021</p> <p>3/12/2021</p>

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V 109	<p>Continued From page 3</p> <p>next few days to ensure everyone understands the expectations.</p> <p>4. We have reiterated the expectations that no staff is to leave their shift until they are relieved by their incoming staff. If there are staff that are frequently late, they will be addressed through disciplinary action.</p> <p>5. We are holding daily schedule &amp; ratio calls with Program Supervisors every morning to ensure the day's staffing is in ratio.</p> <p>6. An extra layer of verification is being instituted through increased documented video monitoring of the shifts to confirm staffing, which will be conducted by the Operations Director which will be reviewed by our VP of Residential."</p> <p>Review on 3-12-21 of weekly supervision agendas for 1-13-21 through 2-24-21 revealed: -Staffing ratio or punctuality was discussed at every meeting. -Program Supervisor attended all meetings.</p> <p>Interview on 3-17-21 with the Program Supervisor revealed: -He thinks the decision to have the Floor Supervisor covering the cottages "was done in the moment type thing." -"Of course we have certain things that come up especially in these unprecedented times. We have people scheduled and then they can't come in (due to test results or getting tested for Covid) we try to cover the best we can. Things happen to the people that are supposed to work and we cover the best we can." -The Program Supervisor did not admit to knowing about the third shift staff shortages before they happened. -"If that ever happened (staff shortages) he (the Floor Supervisor) would tell me he had to end up doing that. He would tell me after the</p>	V 109	<p>Program Director instituted daily staffing calls with supervisors</p> <p>Program Director conducts biweekly camera review across all shifts to ensure ratio is met. Program Director to send weekly to VP of Residential Services.</p>	<p>3/10/2021, ongoing</p> <p>3/15/2021, ongoing</p>

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V 109	Continued From page 4  fact." -The Floor Supervisors make the schedules but he approves them. - "Like I said, we tried to schedule two people per shift every shift, everyday. Sometimes it didn't work out like that."  Interview on 3-18-21 the Chief Performance and Quality Officer and the Chief Program Officer reiterated that they had no knowledge of third shift being short on the named days.  This deficiency is cross referenced into 10A NCAC 27G .1901 Staff (V315)	V 109	Program Supervisors publish schedules on consistent scheduling platform (Teams) that is accessible to all residential employees and leadership.	3/29/2021
V 315	27G .1902 Psych. Res. Tx. Facility - Staff  10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.	V 315		

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V 315	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on interviews, observations and record review the facility failed to ensure that two direct care staff were present for every six children. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109); Based on interviews and record reviews, one of one Qualified Professional (QP#1) failed to demonstrate knowledge, skills, and ability required by the population served.</p> <p>Review on 2-24-21 of Client #1's record revealed: -Admitted 3-13-20. -Diagnoses include; Post Traumatic Stress Disorder, Attention Deficit Disorder, Oppositional Defiance Disorder, Mild Intellectual Developmental Disorder, Adjustment Disorder. - Comprehensive Clinical Assessment dated 12-19-19 revealed: Severe aggression to others, stealing, hoarding.</p> <p>Review on 2-24-21 of Client #2's record revealed: -Admitted 9-10-20. -Diagnoses of Post Traumatic Stress Disorder, Reactive Attachment Disorder, Borderline Intellectual Functioning, Disruptive Mood Dysregulation Disorder. -Comprehensive Clinical Assessment dated 6-8-20 revealed: "Struggles with verbal and physical aggression... seems to escalate quickly and has difficulty following directions, he quickly becomes defensive when he perceives others to be mean to him, and lashes out verbally and physically as well."</p>	V 315		

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V 315	<p>Continued From page 6</p> <p>Review on 2-24-21 of Client #3's record revealed:                      -Admitted 10-22-20                      -Diagnoses include Attention Deficit Disorder, combine type.                      -Clinical Assessment Addendum dated 10-7-20 revealed: "often results to verbal and physical aggression in the school setting and at home when things do not go his way. He often has difficulty receiving directives from authority figures."</p> <p>Observation on 2-22-21 at approximately 10:00 am revealed:                      - One staff took 5 clients and walked them to school. One staff stayed at the cottage by herself with one client that had to stay at the cottage due to AWOL (Absent Without Leave) risk.</p> <p>Interview on 2-22-21 with Client #1 revealed:                      -Two staff work, but there was only one staff working at the moment.</p> <p>Interview on 2-22-21 with Client #2 revealed:                      -He stated that three staff would work the shift.                      -When asked why only one staff was currently working he replied "that happens a lot."</p> <p>Interview on 2-22-21 with Client #4 revealed:                      -They will split up staff and have one staff stay with the clients and one staff take others to school.                      -Stated that staff work by themselves but could not give details of when.</p> <p>Client #3 was unavailable to be interviewed.</p> <p>Interview on 3-9-21 with Staff #1 revealed:                      -Staff #1 has stayed behind with one client</p>	V 315		

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V 315	<p>Continued From page 7</p> <p>while the others went to school. -I'm not there by myself. Only two cottages go to school at a time. So if I needed help, I could get on the walkie and call for help." -There was staff, just not on the cottage. They were in their cottage but if I needed them, they could step over and help." -The Floor Supervisor is also counted as being in ratio. -The Program Supervisor "will sometimes step into ratio if we need him to."</p> <p>Interview on 3-3-21 with Staff #2 revealed: -The staff do split up to take some clients to school. -If a client has recently gone AWOL, they might not feel comfortable taking him to school. They have been trying to readjust that so that they can stay in ratio. -Sometimes someone from another cottage will come over and help.</p> <p>Interview on 3-8-21 with Staff #3 revealed: -Stated "there was no need to do that, usually" when asked if he worked by himself. -They do separate the clients for school sometimes, but the teachers can be considered part of ratio.</p> <p>Interview on 3-8-21 with Staff #4 revealed: -Staff #4 has worked with clients by themselves. -"Sometimes staff has to step out to assist with another cottage or have to take a client to an appointment so we will split the clients up, I will have three and they will have three." -They have never been on shift by themselves for more than a small amount of time and there were no problems, "just a few things I could take care of." (No major behaviors or</p>	V 315		



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V 315	<p>Continued From page 8</p> <p>AWOL behavior)</p> <p>Interview on 3-8-21 with Staff #5 revealed: -Staff #5 has heard co-workers complain about working by themselves, but Staff #5 has never worked alone..</p> <p>Interview on 3-4-21 with Staff #6 revealed: -Staff #6 has never worked by themselves.</p> <p>Interview on 3-3-21 with Staff #7 revealed: -Staff #7 has worked alone, the last time was approximately " a month and a half ago." -Staff do complain about working by themselves. -There had only been three people assigned to the shift and then one called in, so Staff #7 was by themselves. -"We have worked by ourselves quite often in the past. This has been in the past few months. There was only one person and the nurse would have to relieve us (For bathroom breaks)." -"It has been this year. I can't pin point the date, but it has happened a few times." (that she has worked by herself) -"We were blessed that we didn't have anything happen. We were all on pins and needles." -"Even if there are two people in Alphin, there may be one at the other cottage." -The Floor Supervisor does help them. He works at all four of the cottages. -"He will relieve them to go to the bathroom or whatever." -"There are times we go through like a two week period we work by ourselves, then we work two every night like it's supposed to be." -"As long as the kids sleep at night, I don't care. We go about our business." -"Everything is doable, but you don't want to</p>	V 315		

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V 315	<p>Continued From page 9</p> <p>be in that position." -The Floor Supervisor will sometimes have to work a shift in the cottage and be working by himself. -The nurses will also help relieve staff for bathroom breaks when they work by themselves.</p> <p>Interview on 3-3-21 with Staff #8 revealed: -Has never worked by themselves but has heard other staff saying that they have, but Staff #8 can't confirm that.</p> <p>Interview on 3-3-21 with Staff #9 revealed: -Staff #9 have never worked by themselves, even for a short period of time.</p> <p>Interview on 3-8-21 with Staff #10 revealed: -The staffing situation is getting better. -Before they frequently worked by themselves, but they have hired new staff. -Lately they have worked by themselves for "an hour or two." -Third shift; "they are the shift that is still working by themselves." -Staff #10 thought the facility received approval from the Division of Health Service Regulation to have only one staff working due to Covid. -"The problem was on first and second." -"But we had approval. The last two months, Alphin has been pretty straight." -"But we have one person that doesn't come in until two hours late." -Staff are working out of ratio and "not feeling supported." -"They (management) are trying (to get more staff) now, most of us feel like it is too late."</p> <p>Interview on 3-9-21 with Nurse #1 revealed: -She has seen one staff come in at eight am</p>	V 315		

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V 315	<p>Continued From page 10</p> <p>and both night shift people leave, which leaves one staff working by themselves for "a couple hours."</p> <p>-She has seen one person on third shift at all of the cottages at one time or another.</p> <p>-She has heard staff complaining about working by themselves.</p> <p>"I'm pretty sure they have brought it to the attention of management."</p> <p>Interview on 3-4-21 with the Floor Supervisor revealed:</p> <p>-"Third shift or no shift works by themselves, there are always two staff on the unit"</p> <p>-In response as to why he had to go give staff bathroom breaks: "Well sometimes if I'm free I go. We have two people and step in."</p> <p>Interview on 3-15-21 with the Floor Supervisor revealed:</p> <p>"I'm not aware of any staff working by themselves."</p> <p>"If I'm on the unit, I have to...I'm a staff but I have the title of Floor Supervisor, if I'm not in ratio."</p> <p>"Say somebody's missing, I have to fill in."</p> <p>"I don't do the schedule."</p> <p>-He stated that the day shift Floor Supervisors did the schedule.</p> <p>-The Floor Supervisor would not comment on whether or not the Program Supervisor knew that third shift was working short staffed.</p> <p>Interview on 3-9-21 with the Director revealed:</p> <p>-The Floor Supervisors make the schedule and submit it to Program Supervisors.</p> <p>-The Floor Supervisors would provide coverage and work a shift in ratio if needed.</p> <p>-The Program Supervisors would also provide coverage and work a shift in ratio if</p>	V 315	<p>Program Director to complete weekly skip level interviews with residential care specialists.</p>	3/29/2021

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V 315	<p>Continued From page 11</p> <p>needed.</p> <p>-He was "not aware of any staff that have worked the floor by themselves in January and February 2021."</p> <p>Interview on 3-11-21 with the Chief Performance and Quality Officer, Quality Improvement Specialist, and the Chief Program Officer revealed:</p> <p>-They have an administrator on call at all times.</p> <p>-They have 10 minutes to respond and 17 minutes to arrive at the facility if they have to go to the facility.</p> <p>-They have a Floor Supervisor that covers third shift.</p> <p>Review on 3-18-21 of the Plan of Protection dated 3-18-21 and signed by the Chief Performance and Quality Officer revealed:</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"1. Daily staffing call @9am with Program Director [Program Director] + Program Supervisor.</p> <p>2. Created/updated policy specific to ratio and was distributed to all residential staff on 3-12-21.</p> <p>3. Created new email distribution group for staff to email any concerns related to staffing/ratio and all staff were informed.</p> <p>4. Distribute Administrator on call schedule to all staff via email, teams,+ posted in all cottages by [Program Director] on 3-12-21.</p> <p>5. Trained supervisors on the following policies: ratio, administrator on call, scheduling and attendance on 3-16-21 by [Program Director/Vice President of Residential Services].</p> <p>6. Instituted new relay Walkie Talkie communication system to address any</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALPHIN COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6750 SAINT PETERS LANE, SUITE 400 MATTHEWS, NC 28105</b>
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V 315	<p>Continued From page 12</p> <p>needs-Program Supervisors trained on 3-12-21 and all staff will be retrained by 3-24-21.</p> <p>7. Senior leadership sent email out to all residential staff regarding ratio expectations, administrator on call, and new email distribution on 3-11-21."</p> <p>Describe your plans to make sure the above happens.</p> <p>"1. Daily staffing call by [Program Director]. 2. Weekly POC (Plan of Correction) review meeting on Mondays."</p> <p>Audited Clients, #1, #2, and #3 had diagnoses including Attention Deficit Disorder, Oppositional Defiance Disorder, Disruptive Mood Dysregulation Disorder, and Post Traumatic Stress Disorder. All audited clients have a history of physical aggression. Two of three audited client admit to having been restrained at some point. Client #1 admitted to going AWOL on previous occasions. Multiple staff report being left alone on their shift, for varying time lengths. Staff report that the Floor Supervisor or the Nurse on duty would relieve them for bathroom breaks. Staff also stated that they are split up, leaving one staff with one or more clients when clients went to school or have appointments. All staff agreed that there had been no AWOL's or restraints when working by themselves. Due to the clients history of AWOL's and aggressive behaviors, lack of supervision is detrimental to the health, safety and welfare of the clients in the facility. This deficiency constitutes a Type B rule violation If the violation is not corrected within 45 days, an administrative penalty of 200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 315	Weekly Plan of Correction meeting with PQI, Program Director, VP of Residential Services to review staff/scheduling and monitoring of Plan of Correction.	3/15/2021

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601172</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2021</b>
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