

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Regis Avenue Group Home
MHL # 032-261

Plan of Correction to Survey Completed 12/29/21
Intake # NC00183597

V 110 27G .0204 Training and Supervision of Paraprofessionals:

To Correct the Deficiency: Ms. Sauls found that this Rule is not met as evidenced by Staff #1 failed to demonstrate the knowledge, skills, and abilities required for the population served.

On December 22nd, training was given to both managers in this home related to client rights and stress management. The incident concerned Staff #1 yelling at a consumer. In addition, Administrative investigations found that Staff #2 used her position and influence to sway the consumers to say things that may be false or exaggerated regarding Staff #1. Both of these concerned Clients Rights, and resulted in stress, leading us to complete these trainings for both staff.

Training to be scheduled for Staff #1 in the next 30 days includes Mindset, to review the skills she previously learned in training.

Training to be scheduled for Staff #2 in the next 30 days includes HIPAA, as Staff #2 was found to violate HIPAA regulations in giving information to other consumers and staff, instead of properly reporting to her supervisor. In addition, we will review Professional Ethics; as those ethics were not upheld in the treatment of Staff #2 by Staff #1.

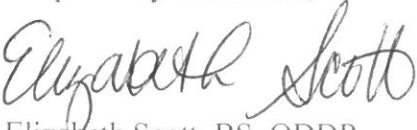
Both Staff #1 and #2 are facing disciplinary action in the form of write-ups warning them that further action will be taken if these types of violations continue. In addition, the two staff are unable to repair the damage to this professional relationship, so Staff #2 will be moved to another Team away from Staff #1, and away from the consumers whom she attempted to manipulate.

To Prevent the Deficiency from Occurring Again: We will monitor and supervise both staff pertaining to the issues listed above, and competency in the indicated areas. The supervising Division Director will be responsible for monitoring and supervising each staff, at least weekly, and at monthly meetings. The Division Director will have weekly house meetings with the consumers on Tuesdays to review the previous shift and address any issues that may arise before Staff #1 or Staff #2 goes off shift. Any issues raised by the consumers will be documented and brought to the attention of the Assistant Director to address. The Assistant Director and Division Director will speak with the consumers regularly throughout the week to assure that the consumers' concerns are addressed promptly.

Who will Monitor: The Assistant Director is responsible for supervising and monitoring the Division Director to make sure that these actions are occurring on a regular and ongoing basis.

How Often the Monitoring will Take Place: The Division Director will be in the home monitoring staff and consumers at least weekly. The Division Director must submit monthly supervision notes to the Assistant Director relating to her supervision and monitoring of the two managers. A weekly house meeting agenda will be copied and submitted to the Assistant Director as evidence of the weekly meeting with the consumers taking place.

Respectfully Submitted,

A handwritten signature in black ink, reading "Elizabeth Scott". The signature is written in a cursive, flowing style.

Elizabeth Scott, BS, QDDP

Executive Director

December 29, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 15, 2021

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
P.O. Box 51159
Durham, NC 27717

Re: Complaint and Follow up Survey completed December 13, 2021
Regis Avenue Group Home, 4425 Regis Avenue, Durham, NC 27705
MHL # 032-261
E-mail Address: ewscott-dcdlp@ncrrbiz.com
Intake #NC00183597

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the Complaint and Follow up survey completed December 13, 2021. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 2/11/22.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

12/15/21

Regis Avenue Group Home

Elizabeth Scott

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL032-261	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/13/2021
NAME OF FACILITY REGIS AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0736	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0303(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/13/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly R Sauls	DATE 12/15/21
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/6/2021	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/13/2021
NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705		
(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 and follow up survey was completed on December 13, 2021. The complaint was substantiated (intake #NC00183597). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 6 current clients.	V 000	DHSR - Mental Health JAN 3 - 2022 Lic. & Cert. Section	
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6999

152411

If continuation sheet 1 of 8

Elizabeth Scott, Executive Director

12/24/21

Division of Health Service Regulation

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V 110	<p>Continued From page 1</p> <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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews one of three audited staff (staff #1) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>a. Review on 12/10/21 of client #1's record revealed: -Admission date of 11/4/78. -Diagnoses of Mild Intellectual and Developmental Disability, Anxiety, Adjustment Disorder with Depressed Mood, Senile Osteoporosis and Gout.</p> <p>b. Review on 12/10/21 of client #2's record revealed: -Admission date of 12/2/85. -Diagnoses of Mild Intellectual and Developmental Disability, Major Depressive Disorder, Cognitive Disorder, Down Syndrome, Gastroesophageal Reflux Disease and B12 deficiency.</p> <p>c. Review on 12/10/21 of client #3's record revealed: -Admission date of 12/31/75. -Diagnoses of Mild Intellectual and Developmental Disability, Hypertension, Congenital Hypothyroidism, Obesity, Osteopenia.</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>Dysthymia Disorder, Chronic Kidney Disease, Edema, Overactive Bladder, Heartburn, Neuropathy in foot and Gout.</p> <p>d. Review on 12/10/21 of client #4's record revealed: -Admission date of 4/27/15. -Diagnoses of Moderate Intellectual and Developmental Disability, Diabetes, Hypertension and High Cholesterol.</p> <p>e. Review on 12/10/21 of client #5's record revealed: -Admission date of 10/2/06. -Diagnoses of Mild Intellectual and Developmental Disability, Type II Diabetes, High Blood Pressure, Chronic Migraines, Chronic Kidney Disease, Insomnia, Chronic Right Side Heart Failure, Depression and High Cholesterol.</p> <p>f. Review on 12/10/21 of client #6's record revealed: -Admission date of 11/5/15. -Diagnoses of Mild Intellectual and Developmental Disability, Schizophrenia, Type II Diabetes, Pes Planus, Dyshidrotic Eczema and Gastroesophageal Reflux Disease.</p> <p>Review on 12/13/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 3/3/21. - Staff #1 was hired as a Group Home Manager.</p> <p>Interview on 12/10/21 with client #1 revealed: -She had an incident with staff #1 last week at the group home. -Staff #1 fussed at her. Staff #1 called her a "b***h." -Staff #1 called her a "b***h" in front of the other clients.</p>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Staff #1 got upset when she called her doctor to make an appointment to get shingles shot. -Staff #1 fussed at her and asked why did she call the doctor. -She does not like staff #1. Staff #1 also yelled at the other clients in the home. -Staff #1 told her to get her butt to the table in November 2021. -She told the Division Director about the issues with staff #1, however she did not believe her. <p>Interview on 12/10/21 with client #3 revealed:</p> <ul style="list-style-type: none"> -Staff #1 yelled at her once or twice. She thought she yelled at her about a week or two ago. -Staff #1 yelled at her because she was trying get a packet of sweetener for her coffee. -She also heard staff #1 yelling at client #1. Staff #1 yelled at client #1 a lot. -She heard staff #1 tell client #1 "I'm done with you." -Staff #1 and client #1 had a recent incident and client #1 was upset. -Client #1 said "I hate [staff #1], I don't like her." <p>Interview on 12/10/21 with client #4 revealed:</p> <ul style="list-style-type: none"> - "I don't like [staff #1's] ways." Staff #1 talked loud and yelled at all of them. - "They really don't like [staff #1], they want her away from this home." - "They have talked to [The Division Director] and she will not do anything. [Staff #1 and the Division Director] are tight, they are good friends." <p>Interview on 12/10/21 with client #6 revealed:</p> <ul style="list-style-type: none"> -Staff #1 was always fussing and yelling at client #1. -Staff #1 also cussed at client #1. Staff #1 told client #1 to get her "a***" in the kitchen to eat dinner. She thought that happened around April 2021. 	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff #1 was always slamming the doors throughout the group home. She saw her slam the door in client #1's face. -Staff #1 also had her grandson at the group home. -Staff #1's grandson was running all over the group home. He ran into client #2's bedroom while she was naked and getting dressed. -She talked with the Division Director about staff #1 mistreating client #1 on more than one occasion. <p>Interview on 12/13/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> -There were days when she was in pain and she did get frustrated. -She had a loud voice, but does not yell at the clients. -She did clash with client #1, it's been that way since she worked at that home. -The clients never say anything to her about yelling or any other issues when she is working at the home. -She had her grandson at the group home for about 12 hours, he did not stay overnight. -The Assistant Director gave her permission to keep her grandson, she was babysitting. <p>Interview on 12/13/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> -The clients talked with her about the issues they had with staff #1. -Client #1 would cry after staff #1 left her shift. -Client #1 would say staff #1 yelled and screamed at her. -Client #1 would say she wanted to call her mother and/or brother. -Client #4 just recently told her staff #1 slammed the door in her face when she was trying to get her attention. -Client #1 was the client who complained the most about staff #1. 	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Three of the clients mentioned staff #1 had family members in the home on several occasions. -Some of the clients talked to the Division Director about their concerns with staff #1. The clients felt like their issues were not addressed. <p>Interview on 12/10/21 with staff #3 revealed:</p> <ul style="list-style-type: none"> -She worked as client #2's one on one staff. She was at the home with the Group Home Managers during the day. -She overheard staff #1 yelling at client #1 on more than one occasion. -Client #1 would get upset and she would sometimes cry. -Client #1 told her about a recent incident with staff #1. -Client #1 said staff #1 asked her for money. Client #1 said she refused to give her any money. Client #1 was upset and cried while she talked about that incident. -She heard staff #1 tell the clients "what goes on in the house stays in the house." -She also heard staff #1 say "I know I yell at you'll sometimes." -Staff #1 was very loud and controlling to the clients. -She felt like some of the clients were afraid of staff #1. -"The clients will go out of their way to be nice to [staff #1] so she don't get on them." -Client #1 would speak up for herself. Client #1 and Client #4 were not afraid of staff #1. -She saw staff #1's grandchild in the home. He was running all over the house. -Staff #1's grandson ran into client #2's bedroom. Client #2 just came out the shower and was getting dressed. She thought the grandchild was at the home a few months ago. -The Division Director knew staff #1's grandchild 	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 6</p> <p>was at the home because she was here and said it was ok.</p> <p>-She felt like staff #1 needed a lot of training to work with these clients.</p> <p>-The Division Director really did not want to address anything with staff #1.</p> <p>-She knew staff #2 and the clients talked to the Division Director about some concerns with staff #1. The issues were not addressed.</p> <p>Interview on 12/10/21 with the Division Director revealed:</p> <p>-Staff #1 said that she had "a motherly tone", she really was not sure what that meant.</p> <p>-Staff #1 called her recently and said client #1 was trying to make an appointment.</p> <p>-She had given client #1 permission to call her doctor and staff #1 didn't know that.</p> <p>-Staff #1 seemed to be upset because she didn't know she had permission.</p> <p>-Client #1 called her the day after that incident. Client said staff #1 got upset with her because she called the Doctor's office.</p> <p>-Client #1 said staff #1 was yelling at her.</p> <p>-She was at the home a lot with staff #1 and never heard her yelling at the clients.</p> <p>-Staff #1 had a loud voice, she can't say she was being inappropriate with the clients.</p> <p>-She was aware that staff #1 had family members visit the home.</p> <p>-As far as she knew the family members were not in the home for a long period of time.</p> <p>-It was not against the rules to have family members in the home.</p> <p>-She was not aware of staff #1's grandson running around the home and going into client #2's room while she was getting dressed.</p> <p>Interviews on 12/10/21 and 12/13/21 with the Executive Director revealed:</p>	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Staff #2 had a history of complaining to management about her co-staff. -Staff #2 complaints were generally "petty" issues. She had not complained about any abusive type issues. -Staff #2 would "nit pick" everything the other staff does. -Staff #2 would get the clients upset with the other staff. -They were aware that staff #1 and client #1 had a recent incident. There was a misunderstanding about client #1 calling to schedule a doctor's appointment. -Staff #1 admitted she yelled at client #1 during that incident, however she apologized to her. The agency did address that incident with staff #1. -The Division Director had been working at the home on and off for the last three weeks. The Division Director had not reported seeing and/or hearing anything inappropriate between staff #1 and the clients. -She was aware staff #1 had a few staff members visit the home in the past. It was her understanding the family members were in the home for a short period of time. It was not against the rules to have staff family members visit the home. 	V 110		

Durham County Community Living Programs, Inc.
P.O. Box 51159 Durham, NC 27717-1159
(919) 489-0682

Fax

To: *Kimberly Sauls*
DHSR

From: *Elizabeth Scott*
Extension #: *24*

Fax: *(919) 715-8078*

Pages: *14* (including cover)

Phone:

Date: *12/29/21*

Re: *Plan of Correction*

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

Thank you very much!

This fax, including any attachments, is for the sole use of the sender and intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax or telephone and destroy all copies of the original message.

Durham County Community Living Programs, Inc.
Fax Number: (919) 493-0869

TRANSMISSION VERIFICATION REPORT

TIME : 12/29/2021 13:29
NAME : DCCLP
FAX : 9194930869
TEL : 9194890682
SER.# : BROJ1J598192

DATE, TIME	12/29 13:24
FAX NO./NAME	9197158078
DURATION	00:04:38
PAGE(S)	14
RESULT	OK
MODE	STANDARD

Durham County Community Living Programs, Inc.

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V 110 27G.0204 Training and Supervision of Paraprofessionals:

To Correct the Deficiency: Ms. Sauls found that this Rule is not met as evidenced by Staff #1 failed to demonstrate the knowledge, skills, and abilities required for the population served.

On December 22nd, training was given to both managers in this home related to client rights and stress management. The incident concerned Staff #1 yelling at a consumer. In addition, Administrative investigations found that Staff #2 used her position and influence to sway the consumers to say things that may be false or exaggerated regarding Staff #1. Both of these concerned Clients Rights, and resulted in stress, leading us to complete these trainings for both staff.

Training to be scheduled for Staff #1 in the next 30 days includes Mindset, to review the skills she previously learned in training.

Training to be scheduled for Staff #2 in the next 30 days includes HIPAA, as Staff #2 was found to violate HIPAA regulations in giving information to other consumers and staff, instead of properly reporting to her supervisor. In addition, we will review Professional Ethics, as those ethics were not upheld in the treatment of Staff #2 by Staff #1.

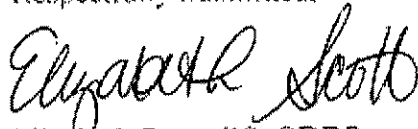
Both Staff #1 and #2 are facing disciplinary action in the form of write-ups warning them that further action will be taken if these types of violations continue. In addition, the two staff are unable to repair the damage to this professional relationship, so Staff #2 will be moved to another Team away from Staff #1, and away from the consumers whom she attempted to manipulate.

To Prevent the Deficiency from Occurring Again: We will monitor and supervise both staff pertaining to the issues listed above, and competency in the indicated areas. The supervising Division Director will be responsible for monitoring and supervising each staff, at least weekly, and at monthly meetings. The Division Director will have weekly house meetings with the consumers on Tuesdays to review the previous shift and address any issues that may arise before Staff #1 or Staff #2 goes off shift. Any issues raised by the consumers will be documented and brought to the attention of the Assistant Director to address. The Assistant Director and Division Director will speak with the consumers regularly throughout the week to assure that the consumers' concerns are addressed promptly.

Who will Monitor: The Assistant Director is responsible for supervising and monitoring the Division Director to make sure that these actions are occurring on a regular and ongoing basis.

How Often the Monitoring will Take Place: The Division Director will be in the home monitoring staff and consumers at least weekly. The Division Director must submit monthly supervision notes to the Assistant Director relating to her supervision and monitoring of the two managers. A weekly house meeting agenda will be copied and submitted to the Assistant Director as evidence of the weekly meeting with the consumers taking place.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Elizabeth Scott". The signature is fluid and cursive, with the first name "Elizabeth" written in a larger, more prominent script than the last name "Scott".

Elizabeth Scott, BS, QDDP
Executive Director
December 29, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 15, 2021

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
P.O. Box 51159
Durham, NC 27717

Re: Complaint and Follow up Survey completed December 13, 2021
Regis Avenue Group Home, 4425 Regis Avenue, Durham, NC 27705
MHL # 032-261
E-mail Address: ewscott-dcclp@ncrbiz.com
Intake #NC00183597

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the Complaint and Follow up survey completed December 13, 2021. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 2/11/22.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Unstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27609-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

12/15/21

Regis Avenue Group Home
Elizabeth Scott

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER WRL032-261	MULTIPLE CONSTRUCTION A. Building B. Adding	DATE OF REVISIT 12/15/21
NAME OF FACILITY REGIS AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0736	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0303(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/13/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly R Sauls	DATE 12/15/21
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/6/2021	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 12/13/2021
NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705		
(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 and follow up survey was completed on December 13, 2021. The complaint was substantiated (intake #NC00183597). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 6 current clients.	V 000			
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110			

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6799

152411

If continuation sheet 1 of 5

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By DHSR Mental Health Licensure & Certification at 1:46 pm, Dec 29, 2021

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 12/13/2021
NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705			
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V 110	<p>Continued From page 2</p> <p>Dysthymia Disorder, Chronic Kidney Disease, Edema, Overactive Bladder, Heartburn, Neuropathy in foot and Gout.</p> <p>d. Review on 12/10/21 of client #4's record revealed: -Admission date of 4/27/15. -Diagnoses of Moderate Intellectual and Developmental Disability, Diabetes, Hypertension and High Cholesterol.</p> <p>e. Review on 12/10/21 of client #5's record revealed: -Admission date of 10/2/06. -Diagnoses of Mild Intellectual and Developmental Disability, Type II Diabetes, High Blood Pressure, Chronic Migraines, Chronic Kidney Disease, Insomnia, Chronic Right Side Heart Failure, Depression and High Cholesterol.</p> <p>f. Review on 12/10/21 of client #6's record revealed: -Admission date of 11/5/15. -Diagnoses of Mild Intellectual and Developmental Disability, Schizophrenia, Type II Diabetes, Pes Planus, Dyshidrotic Eczema and Gastroesophageal Reflux Disease.</p> <p>Review on 12/13/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 3/3/21. - Staff #1 was hired as a Group Home Manager.</p> <p>Interview on 12/10/21 with client #1 revealed: -She had an incident with staff #1 last week at the group home. -Staff #1 fussed at her. Staff #1 called her a "b***h." -Staff #1 called her a "b***h" in front of the other clients.</p>	V 110			

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NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705		
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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Staff #1 got upset when she called her doctor to make an appointment to get shingles shot. -Staff #1 fussed at her and asked why did she call the doctor. -She does not like staff #1. Staff #1 also yelled at the other clients in the home. -Staff #1 told her to get her butt to the table in November 2021. -She told the Division Director about the issues with staff #1, however she did not believe her. <p>Interview on 12/10/21 with client #3 revealed:</p> <ul style="list-style-type: none"> -Staff #1 yelled at her once or twice. She thought she yelled at her about a week or two ago. -Staff #1 yelled at her because she was trying get a packet of sweetener for her coffee. -She also heard staff #1 yelling at client #1. Staff #1 yelled at client #1 a lot. -She heard staff #1 tell client #1 "I'm done with you." -Staff #1 and client #1 had a recent incident and client #1 was upset. -Client #1 said "I hate [staff #1], I don't like her." <p>Interview on 12/10/21 with client #4 revealed:</p> <ul style="list-style-type: none"> "I don't like [staff #1] because [staff #1] talked loud and yelled at all of them." "They really don't like [staff #1], they want her away from this home." "They have talked to [The Division Director] and she will not do anything. [Staff #1 and the Division Director] are tight, they are good friends." <p>Interview on 12/10/21 with client #6 revealed:</p> <ul style="list-style-type: none"> -Staff #1 was always fussing and yelling at client #1. -Staff #1 also cussed at client #1. Staff #1 told client #1 to get her "a***" in the kitchen to eat dinner. She thought that happened around April 2021. 	V 110			

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff #1 was always slamming the doors throughout the group home. She saw her slam the door in client #1's face. -Staff #1 also had her grandson at the group home. -Staff #1's grandson was running all over the group home. He ran into client #2's bedroom while she was naked and getting dressed. -She talked with the Division Director about staff #1 mistreating client #1 on more than one occasion. <p>Interview on 12/13/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> -There were days when she was in pain and she did not frustrate. -She had a loud voice, but does not yell at the clients. -She did clash with client #1, it's been that way since she worked at that home. -The clients never say anything to her about yelling or any other issues when she is working at the home. -She had her grandson at the group home for about 12 hours, he did not stay overnight. -The Assistant Director gave her permission to keep her grandson, she was babysitting. <p>Interview on 12/13/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> -The clients talked with her about the issues they had with staff #1. -Client #1 would cry after staff #1 left her shift. Client #1 would say staff #1 yelled and screamed at her. -Client #1 would say she wanted to call her mother and/or brother. -Client #4 just recently told her staff #1 slammed the door in her face when she was trying to get her attention. -Client #1 was the client who complained the most about staff #1. 	V 110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px;"></div>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 12/13/2021
NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705			
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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Three of the clients mentioned staff #1 had family members in the home on several occasions. -Some of the clients talked to the Division Director about their concerns with staff #1. The clients felt like their issues were not addressed. <p>Interview on 12/10/21 with staff #3 revealed:</p> <ul style="list-style-type: none"> -She worked as client #2's one on one staff. She was at the home with the Group Home Managers during the day. -She overheard staff #1 yelling at client #1 on more than one occasion. -Client #1 would get upset and she would sometimes cry. -Client #1 told her about a recent incident with staff #1. -Client #1 said staff #1 asked her for money. Client #1 said she refused to give her any money. Client #1 was upset and cried while she talked about that incident. -She heard staff #1 tell the clients "what goes on in the house stays in the house." -She also heard staff #1 say "I know I yell at you'll sometimes." -Staff #1 was very loud and controlling to the clients. -She felt like some of the clients were afraid of staff #1. -"The clients will go out of their way to be nice to [staff #1] so she don't get on them." -Client #1 would speak up for herself. Client #1 and Client #4 were not afraid of staff #1. -She saw staff #1's grandchild in the home. He was running all over the house. -Staff #1's grandson ran into client #2's bedroom. Client #2 just came out the shower and was getting dressed. She thought the grandchild was at the home a few months ago. -The Division Director knew staff #1's grandchild 	V 110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 12/15/2021
NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705		
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V 110	<p>Continued From page 6</p> <p>was at the home because she was here and said it was ok.</p> <ul style="list-style-type: none"> -She felt like staff #1 needed a lot of training to work with these clients. -The Division Director really did not want to address anything with staff #1. -She knew staff #2 and the clients talked to the Division Director about some concerns with staff #1. The issues were not addressed. <p>Interview on 12/10/21 with the Division Director revealed:</p> <ul style="list-style-type: none"> -Staff #1 said that she had "a motherly tone", she really was not sure what that meant. -Staff #1 called her recently and said client #1 was trying to make an appointment. -She had given client #1 permission to call her doctor and staff #1 didn't know that. -Staff #1 seemed to be upset because she didn't know she had permission. -Client #1 called her the day after that incident. Client said staff #1 got upset with her because she called the Doctor's office. -Client #1 said staff #1 was yelling at her. -She was at the home a lot with staff #1 and never heard her yelling at the clients. -Staff #1 had a loud voice, she can't say she was being inappropriate with the clients. -She was aware that staff #1 had family members visit the home. -As far as she knew the family members were not in the home for a long period of time. -It was not against the rules to have family members in the home. -She was not aware of staff #1's grandson running around the home and going into client #2's room while she was getting dressed. <p>Interviews on 12/10/21 and 12/13/21 with the Executive Director revealed:</p>	V 110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/13/2021
NAME OF PROVIDER OR SUPPLIER REGIS AVENUE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE DURHAM, NC 27705		
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V 110	Continued From page 7 -Staff #2 had a history of complaining to management about her co-staff. -Staff #2 complaints were generally "petty" issues. She had not complained about any abusive type issues. -Staff #2 would "nit pick" everything the other staff. -Staff #2 would get the clients upset with the other staff. -They were aware that staff #1 and client #1 had a recent incident. There was a misunderstanding about client #1 calling to schedule a doctor's appointment. -Staff #1 admitted she yelled at client #1 during that incident, however she apologized to her. The agency did address that incident with staff #1. -The Division Director had been working at the home on and off for the last three weeks. The Division Director had not reported seeing and/or hearing anything inappropriate between staff #1 and the clients. -She was aware staff #1 had a few staff members visit the home in the past. It was her understanding the family members were in the home for a short period of time. It was not against the rules to have staff family members visit the home.	V 110		

Durham County Community Living Programs, Inc.
P.O. Box 51159 Durham, NC 27717-1159
(919) 489-0682

Fax

To: Kimberly Sauls
DHSR

From: Elizabeth Scott
Extension #: 24

Fax: (919) 715-8078

Pages: 14 (including cover)

Phone:

Date: 12/29/21

Re: Plan of Correction

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

Thank you very much!

RECEIVED

By DHSR Mental Health Licensure & Certification at 1:46 pm, Dec 29, 2021

This fax, including any attachments, is for the sole use of the sender and intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax or telephone and destroy all copies of the original message.

Durham County Community Living Programs, Inc.
Fax Number: (919) 493-0869