

Division of Health Service Regulation

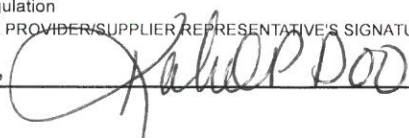
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>208 HICKORY LANE SALISBURY, NC 28146</b>
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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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 2/4/22. The complaint was unsubstantiated(intake #184924). 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> <p>The sample consisted to audits of 3 current clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></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>	V 110	<p><b>RECEIVED</b></p> <p><b>FEB 16 2022</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Katherine Benton,



TITLE

Director of Operations

(X6) DATE

2/11/2022

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 records review and interviews, the facility failed to ensure staff demonstrated knowledge, skills and abilities for the population served for 1 of 3 current staff(staff #1) and 1 of 1 former staff(FS#2). The findings are:</p> <p>Review on 1/27/22 of staff #1's personnel record revealed: -hire date of 2/22/19 with job title of Direct Associate Professional; -documentation of completed trainings in the following: CPR/First Aid 3/17/21, ProAct Core Plus 4/15/21 and Client Special Population 3/21/19.</p> <p>Review on 2/4/22 of FS #2's personnel record revealed: -hire date of 10/12/20; -termination date of 2/2/22; -documentation of completed trainings in the following: CPR/First Aid 10/20/20, ProAct Core Plus 1/29/21 and Client Special Populations 10/13/20.</p> <p>Interview on 2/1/22 with client #2 revealed: -staff #1 "hollered" at him about wearing his hat in the house; -FS#2 cursed while he talked;</p>	V 110	V 110  The QP and Residential Team Leader (RTL) will ensure all direct care staff are in-serviced trained on Abuse/Neglect/Exploitation, Appropriate Workplace Conduct, Tone of Voice and general job performance expectations to ensure all DSA staff have required competencies in all of these areas. The QP and RTL will complete routine Interaction Assessments monthly to ensure compliance in these areas. This will be monitored through the monthly CQI Committee and Safety Meetings.	4/6/2022

Division of Health Service Regulation

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V 110	<p>Continued From page 2</p> <p>-heard staff #1 and FS#2 arguing because staff #1 got to the facility late; -FS#2 cursed at staff #1 while they were arguing with each other.</p> <p>Attempted interviews on 2/1/22 with client #1 and client #3 were unsuccessful due to limited verbal skills of both clients.</p> <p>Interview on 2/3/22 with the Residential Team Lead revealed: -staff #1 was a coach and had a rough tone of voice; -prior to the incident between staff #1 and FS#2, she had addressed the tone staff#1 used with younger other staff; -staff #1 was older and can be stern with them; -staff #1's tone was aggressive with other staff; -she told staff #1 it was not appropriate; -FS#2 was terminated because he was cursing at staff #1 in the presence of the clients.</p> <p>Review on 2/4/22 of documentation of a completed internal investigation dated 1/3/22 revealed: -FS#2 was cursing at staff #1 at the facility; -Client #2 was interviewed and reported FS#2 was cursing; -another staff reported observing FS#2 cursing and complaining about staff #1's tardiness during shift change; -a corrective action was taken on staff #1 regarding reports of him yelling at time when he interacts with the clients; -FS#2 was terminated for using profanity in front of the clients.</p> <p>Review on 2/4/22 of documentation of completed trainings dated 2/2/22 provided to staff #1 by the Qualified Professional included the following</p>	V 110		

Division of Health Service Regulation

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V 110	Continued From page 3  topics: Abuse, Neglect and Exploitation, Supervision Meetings/Trainings, Appropriate Workplace Conduct, Supervision/Tone of Voice/Community Services and Corrective Action.	V 110		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118	V 118  The Nurse will ensure all medication orders are correct on the MAR and ensure all medications are available and administered to the people supported as ordered by their physician. The Nurse will routinely check the MAR to ensure all med certified DSA staff are administering and documenting on the MAR correctly. If this does not occur, the Nurse will issue a medication error to the DSA staff and re-train them on the correct medication administration process. This will be monitored monthly with the Nursing House Assessment and Medication Observations which are reviewed in the CQI and Safety Committee Meetings.	4/6/2022

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interview, the facility failed to ensure MARs of all drugs administered to each client was kept current, and medications administered were recorded immediately after administration affecting 2 of 3 clients (#2, #3). The findings are:</p> <p>Finding #1: Review on 1/28/22 of client #2's record revealed: -admission date of 11/2/21; -Diagnoses of Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability-Moderate, High Blood Pressure, Tinea Pedis, Constipation, Vitamin D deficiency and allergic to Depakote; -physician's order dated 10/29/21 for Ketoconazole 2% shampoo use on Monday, Wednesday and Fridays.</p> <p>Observation on 2/1/22 at 10:06am of client #2's medications revealed Ketoconazole Shampoo 2% use on Monday, Wednesday and Friday dispensed 9/26/21.</p> <p>Review on 1/28/22 of client #2's MARs from 11/2021, 12/2021 and 1/2022 revealed Ketoconazole Shampoo 2% use on Monday, Wednesday and Friday was documented as administered on 12/2/21(Thursday), 12/7/21(Tuesday), 12/9/21(Thursday) and 12/11/21(Saturday).</p> <p>Finding #2: Review on 1/28/22 of client #3's record revealed:</p>	V 118		

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V 118	Continued From page 5  -admission date of 1/2/19; -Diagnoses of Autism, IDD-Severe, ADHD, Intermittent Explosive Disorder, Type 2 Diabetes, Sleep Disorder and Allergies; -physician's order dated 9/8/21 for Trulicity Injection 0.75/0.5ml inject 0.5ml once a week.  Observation on 2/1/22 at 10:06am of client #3's medications revealed Trulicity Injection 0.75/0.5ml inject 0.5ml once a week was not on site.  Review on 1/28/22 of client #3's MARs from 11/2021, 12/2021 and 1/2022 revealed: -Trulicity Injection 0.75/0.5ml inject 0.5ml once a week signed as administered from 11/1/21-11/8/21, 11/11/21, 11/13/21-11/15/21; -a line was drawn through dated 11/1/21-11/8/21; -"given at [local city] signed by Nurse."  Review on 2/4/22 of the nursing medication log revealed client #3 was administered the Trulicity Injection once a week at the parent agency office by the nurse.  Interview on 2/3/22 with the Residential Team Lead(RTL) revealed: -been the RTL at this facility since 6/2021; -staff meetings once a month and more if needed -on site at the facility at least 3 times a week; -was on FMLA(Family Medical Leave Act) from 12/9/21-1/10/22; -returned to work and then went out again on COVID quarantine on 1/29/22.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY	V 131		

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V 131	Continued From page 6  (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the HCPR prior to hire for 2 of 3 staff (the Qualified Professional/QP and the Residential Team Lead/RTL). The findings are:  Review on 1/27/22 of personnel records revealed: -the QP was hired on 4/19/21 and the HCPR was accessed on 7/22/21; -the RTL was hired on 12/18/29 and the HCPR was accessed on 2/19/21.  Interview on 2/1/22 with the QP revealed: -was hired in 4/2019 -been the QP for this facility since 5/2021.  Interview on 2/3/22 with the RTL revealed: -been the RTL at this facility since 6/2021; -been with the parent agency over 2 years; -was House Manager at a sister facility prior.	V 131	V 131  The HR Training Coordinator will ensure each new applicant has no significant findings on the NC HCPR prior to their being hired with the agency. This will be monitored through ongoing Quality Assurance and HR audits.	4/6/2022





**RHA**  
HEALTH SERVICES, LLC

# In-service Training

Date **2/11/2022**

Place Held **Kannapolis-Hickory Lane**

Title of Training – **MAR Documentation**

Instructor's Name **Katherine Benton**

Title **Director of Operations**

Instructor's Name

Title

## Purpose/Outline of Training

- 1) DSA staff in the group home will continue to follow the Med Checker System and will report to nursing any missing, invalid or incorrect information found to be on or missing from the MAR on any page.
- 2) DSA staff will ensure that they follow the 6 rights of Medication Administration and read/check the MAR 3 times against the meds for each individual supported prior to giving the meds to the individuals.
- 3) Documentation Errors on the MAR will continue to be monitored and reported as a Break in Procedure or Med Errors as appropriate.
- 4) DSA staff will ensure that they contact Nursing staff on call immediately if/when they have a question about a new medication, route or time a medication is to be given.
- 5) The Unit Clerk, RTL, Mentor, QP or Nurse will review the MARs monthly prior to the 1<sup>st</sup> to ensure no errors are listed on the MARs and notify Nursing staff immediately if they find an error prior to the new MAR being used. The Unit Clerk, RTL, Mentor, QP or Nurse will also ensure they check the MAR ongoing throughout the month to ensure all staff are administering & documenting the MAR correctly. The Unit Clerk, RTL, Mentor, QP or Nurse will ensure they contact Nursing immediately if they have a question or find a discrepancy on the MAR or throughout the month.
- 6) It is the responsibility of all staff and nurses to ensure the MAR is accurate at all times for the individuals supported.

Instructor's Signature

*[Handwritten Signature]*

Instructor's Signature

## Attendance Roll

Full Name	Shift	Home	Grade
<i>Kimberly Hall</i>	<i>[Handwritten]</i>		
<i>Dyneneen Warrington Nursing</i>			
<i>Blanca Taylor, RN</i>			
<i>Daisey Durant</i>			





# In-service Training

Date: 2/11/2022

Place Held: Kannapolis-Hickory Lane

Title of Training: Staff Competencies

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

## Purpose/Outline of Training

- 1) The QP and RTL will ensure all direct care staff are routinely in-service trained on:
- Abuse/Neglect/Exploitation
  - Appropriate Workplace Conduct
  - Tone of Voice
  - Corrective Action Policy #420
  - Workplace Violence Policy
  - General job performance expectations as a DSA

Instructor's Signature

*Katherine Benton*

Instructor's Signature

## Attendance Roll

Full Name	Shift	Signature	Home
<i>Kimberly Hale</i>		<i>Kimberly Hale</i>	
<i>Shonda Harkley</i>		<i>Shonda Harkley</i>	



**RHA**  
HEALTH SERVICES, LLC

*In-service Training*

Date: 2/11/2022

Place Held: Kannapolis-Hickory Lane

Title of Training: HCPR Checks

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

**Purpose/Outline of Training**

- 1) Business Office & Administrative staff are responsible for ensuring HCPR checks and criminal background checks are completed on an applicant prior to hiring that applicant or contractor.
- 2) The Director of Operations or Administrator must review each HCPR check and criminal record check and approve them prior to hiring the applicant.
- 3) The Business Office is to ensure the Director of Operations or Administrator has reviewed and signed off on ALL HCPR and CRIMINAL BACKGROUND CHECKS prior to offering applicants any employment/position at RHA.
- 4) The Business Office is to ensure that all HCPR and criminal background checks that are completed and approved by the Director of Operations or Administrator are placed in the employees' personnel files.
- 5) Business Office Manager is to follow the New Hire Flow Chart and Checklist during the New Hire process to ensure all steps are completed appropriately.

Instructor's Signature

*Katherine Benton*

Instructor's Signature

**Attendance Roll**

Full Name	Shift	Signature	Home
<i>Kendra William</i>		<i>Kendra William</i>	





February 11, 2022

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

RECEIVED

FEB 16 2022

DHSR-MH Licensure Sect

**RE: MHL-080-097 Hickory Lane**

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Hickory Lane Group Home during your annual & complaint survey visit on 2/4/2022. We have implemented the POC and invite you to return to the facility on or around 4/6/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Hickory Lane Group Home (MHL-080-097).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton  
Director of Operations  
RHA Health Services, LLC  
Kbenton2@rhanet.org