

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-068</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>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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V 000	INITIAL COMMENTS  An annual and complaint survey was completed on 02/04/2022. The complaint was substantiated (Intake #NC00183526). Deficiencies were cited.  The facility is licensed for the follow 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 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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

*Shak Residential Director* TITLE: *Shak Residential Director* (X6) DATE

STATE FORM 6899 TJQ011 DHSR - Mental Health

MAR 18 2022

Lic. & Cert. Section

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 2 of 4 Staff (Group Home Manager/Qualified Professional (QP) and the former Group Home Manager/QP). The findings are:</p> <p>Review on 01/14/2022 of the Group Home Manager/QP's record revealed: -Hire date of 12/28/2021. -Job Title of Group Home Manager/QP. -No documentation of completion for CPR and First Aid Training.</p> <p>Review on 01/14/2022 of the former Group Home Manager/QP's record revealed: -Hire date of 04/15/2017. -Resignation date of 12/05/2021. -Job Title of Group Home Manager/QP. -No documentation of completion for CPR and First Aid Training.</p> <p>Interview on 01/19/2022 with the Group Home Manager/QP revealed: -"All of my trainings are up to date, except for what I think is called Crisis Avoidance Techniques (CATs) training".</p>	V 108	<p>V 108: Easterseals UCP requires that staff providing direct services receive a specific set of trainings prior to providing services without another trained staff present. Those trainings include but are not limited to: CPR/First Aid; Crisis Avoidance Techniques; Medication Administration. Documentation of those trainings will be monitored by Residential Directors for Group Home Managers and by Group Home Managers for all staff who are their direct reports. Documentation will remain on site for review. The group home manager at Elizabeth Group Home obtained her CPR/First Aid certificate on 1/5/22. Certificate attached.</p>	

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V 108	Continued From page 2  Interview on 02/04/2022 with the Residential Director revealed: -"I am really kicking myself right now, because she (Group Home Manager/QP) have the trainings". -Moving forward would ensure correction.	V 108		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly, repeated on each shift and under conditions that simulate fire and disaster emergencies. The findings are:  Review on 01/11/2022 of the facility's fire and disaster drill log from 12/15/2020-12/31/2021	V 114		

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V 114	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of disaster drills for December 2021.</li> <li>-No documentation of fire or disaster drills for November 2021.</li> </ul> <p>Attempted interview on 01/19/2022 with Client #1 was unsuccessful due her inability to fully understand and/or answer questions.</p> <p>Interview on 01/19/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Completed fire and disaster drills.</li> <li>-Not sure how often they ran fire or disaster drills.</li> <li>-Met at the pole in the front yard.</li> </ul> <p>Interview on 01/19/2022 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Completed fire and disaster drills.</li> <li>-"We go out the door and meet in the backyard".</li> </ul> <p>Interview on 01/19/2022 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-Completed fire drills.</li> <li>-Go out the back door.</li> <li>-Did not complete disaster drills.</li> </ul> <p>Interview on 01/19/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Completed fire and disaster drills.</li> </ul> <p>Interview on 01/19/2022 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-"I have not done any when I am there, except for the ones we did the other day. Can't say exactly when, but it was either the day you (surveyor) came or the day after you (surveyor) left".</li> </ul> <p>Interview 01/21/2022 with the Quality Management Director revealed:</p> <ul style="list-style-type: none"> <li>-Aware of the missing fire and disaster drills for November and December 2021.</li> <li>-"Some of the girls are stubborn".</li> </ul> <p>This deficiency is cross referenced into 10A</p>	V 114	<p>Fire drills and disaster drills by policy are completed monthly with a rotating schedule that assures compliance. The former group home manager failed to assure that the documentation was not available for November 2021 drills. Disaster drills include: tornado, evacuation and external threat. January drills recorded included a fire drill and a third shift evacuation drill that included exiting with all supplies, medication, and residents. The Licensing and Regulatory Coordinator now monitors documentation compliance on a monthly basis.</p>	

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V 114	Continued From page 4  NCAC 27G .0303 Location and Exterior Requirements (V736) for a Type A1 rule violation for Neglect and must be corrected within 23 days.	V 114	Windows that prevented easy egress from resident bedrooms have been repaired and will be monitored to assure that they open easily. Residents have practiced opening and getting out of their windows. A requirement for all new residents in our facilities is now to assure that staff have fully evaluated a resident's ability to exit through their bedroom window, and the level of assistance required by each individual.	
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		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, that facility failed to ensure the administration of medications 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 for 1 of 4 Staff (Group Home Manager/Qualified Professional).</p> <p>Review on 01/14/2022 of the Group Home Manager/Qualified Professional (QP)'s record revealed: -Hire date of 12/28/2021. -Job Title of Group Home Manager/QP. -No documentation of completion for Medication Administration Training.</p> <p>Review on 01/20/2022 of Client #2's MARs for January 2022 revealed: -Administration of medications by the Group Home Manager/QP on; -01/08/2022 and 01/09/2022 for Terbinafine 250 mg tab, Vitamin D3 5000U tab, and Omeprazole Dr 40 mg tab. -01/16/2022, 01/17/2022, 01/18/2022, 01/19/2022, and 01/20/2022 for Omeprazole Dr 40 mg tab, Melatonin 5 mg tab, Paroxetine 20 tab, and Vitamin D3 5000U tab.</p> <p>Review on 01/20/2022 of Client #3's MARs for January 2022 revealed: -Administration of medications by the Group Home Manager/QP on; -01/08/2022 and 01/19/2022 for Fenofibrate 200 mg tab and Fish Oil 1000 mg tab,</p>	V 118	<p>V118: Group Home manager received her medication administration training on 2/3/22. Again, it is our policy that medications are not administered by staff without medication administration training. The residential director will monitor for group home managers and group home managers will monitor compliance (not allowing untrained staff to work directly without completed trainings).</p>	

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V 118	Continued From page 6  -01/16/2022, 01/17/2022, 01/18/2022, 01/19/2022, and 01/20/2022 for Atorvastatin 20 mg tab, Erythromycin 0.5% eye oint, Levothyroxine 125 mcg tab, and Loratadine 10 mg tab.  Interview on 01/19/2022 with the Group Home Manager/QP revealed: -"All of my trainings are up to date, except for what I think is called Crisis Avoidance Techniques (CATs) training".  Interview on 02/04/2022 with the Residential Director revealed: -"I am really kicking myself right now, because she (Group Home Manager/QP) have the trainings". -Moving forward would ensure correction.	V 118	V131: Human Resources now completes Health Care Registry verification prior to the final offer of employment. Residential director will monitor compliance. Personnel records will be reviewed by the residential director to assure compliance with this rule.	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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 ensure the Health Care Personnel	V 131		

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V 131	<p>Continued From page 7</p> <p>Registry (HCPR) was accessed prior to hire for 1 of 4 Staff (Staff #2). The findings are:</p> <p>Review on 01/12/2022 of Staff #2's personnel record revealed: -Hire date of 12/30/2013. -Job title of Direct Support Professional (DSP). -HCPR accessed on 06/01/2016.</p> <p>Interview on 01/19/2022 with Staff #2 revealed: -Started with the agency 12/30/2013. -Served as a DSP. -Filling in at the facility.</p> <p>Interview on 01/11/2022 with the Program Coordinator revealed: -Served as Program Coordinator of the facility for 2 years. -"Job duties; help group home managers as needed to include; monitoring client charts for eight different sites, report directly to Regional Director and assist Regional Director as needed". -"[Staff #2] was filling in at the facility due to staff shortage". -Would attempt to obtain Staff #2's employee information for review.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a</p>	V 133		



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V 133	<p>Continued From page 8</p> <p>provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> </ol>	V 133		
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V 133	Continued From page 10  (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious	V 133		

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V 133	<p>Continued From page 11</p> <p>Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</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 133	<p>Continued From page 12</p> <p>prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request the required statewide criminal records check no later than five business days after the individual began conditional employment for 2 of 4 Staff (Staff #1 and #2). The findings are:</p> <p>Review on 01/12/2022 of Staff #1's personnel record revealed: -Hire date of 01/25/2007. -Job title of Direct Support Professional (DSP). -Request for statewide criminal records check ordered on 07/06/2009.</p> <p>Review on 01/12/2022 of Staff #2's personnel record revealed: -Hire date of 12/30/2013. -Job title of DSP. -Request for statewide criminal records check ordered on 06/01/2018.</p> <p>Review on 01/19/2022 of Email Correspondence dated 01/19/2022 from the Program Coordinator</p>	V 133		

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V 133	Continued From page 13  to the Surveyor revealed: -Copy of documentation of statewide criminal records check dated 07/06/2009 for Staff #1.  Interview on 01/19/2022 with Staff #1 revealed: -Worked for the facility for 15 years. -Served as a DSP.  Interview on 01/19/2022 with Staff #2 revealed: -Started with the agency 12/30/2013. -Served as a DSP. -Filling in at the facility.	V 133	Easterseals UCP has revised their hiring process. Prior to making a final offer of employment, Human Resources completes a statewide criminal background check that meets state regulation. Staff personnel records will be reviewed by the Residential Director for compliance to all state requirements by March 9, 2022.	
V 366	27G .0603 Incident Response Requirments  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding	V 366		

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V 366	<p>Continued From page 14</p> <p>Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is</p>	V 366		
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V 366	<p>Continued From page 15</p> <p>located and to the LME where the client resides, if different; and  (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and  (3) immediately notifying the following:  (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;  (B) the LME where the client resides, if different;  (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;  (D) the Department;  (E) the client's legal guardian, as applicable; and  (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:  Based on record reviews and interviews, the facility failed to implement written policies</p>	V 366		



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V 366	Continued From page 16  governing their response to level III incidents affecting 3 of 6 Clients (Clients #1, #2, and #6). The findings are:  Review on 01/14/2022 of Incident Response Improvement System (IRIS) from 06/01/2021-12/31/2021 revealed: -One level III incident report for Client #4 for "Exploitation" dated 12/08/2021. -No incident reports submitted for Clients #1, #2, or #6.  Review on 01/12/2022 of a document titled Internal Investigation-Elizabeth dated 01/11/2022 and completed by the Quality Management Director revealed: -"Internal Investigation: Resident Checking Accounts." -"Facility name and address" -"Dated 01/11/2022" -"[Former Group Home Manager] resigned her position effective December 5, 2021 giving a two-week notice. Easterseals UCP had suspended and terminated a former staff from Elizabeth Group Home, promoted to a Group Home Manager position in [the Sister Facility town] for exploitation of resident funds. [Former Group Home Manager/Qualified Professional (QP)] resignation followed this event. Due to the close connection of these two staff, we completed a full review of all resident funds at Elizabeth Group Home."  Interview on 01/20/2022 with the Residential Director revealed: -Served as Residential Director since July 2021. -Responsible for the daily operation of 8 facilities. -Provide direct supervision to; 1 Program Coordinator, Group Home Managers, and 75-80 Direct Support Professionals (DSP).	V 366	Level III incidents of staff abuse, neglect, or exploitation will require compliance to Easterseals UCP Internal Review Team policy (Policy attached). This step in the initial handing of these incidents was missed. Though discussions with other professionals occurred a complete review of need for additional incident reports did not. This compliance to our policy is effective immediately.	

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V 366	<p>Continued From page 17</p> <p>-"[Quality Management Director] looked at the records and saw the issues." -"At this point, [Client #4] is the only impacted member." -Completed the incident report for Client #4 with the Program Coordinator. -Did not complete an incident report for Clients #1, #2, or #6.</p> <p>Interview on 01/21/2022 with the Program Coordinator revealed: -Served as Program Coordinator for 2 years. -Worked closely with the current and prior Regional Director. -Did not provide direct supervision to others. -Confirmed 12/08/2021 "exploitation" discovery date as referenced on completed incident report. -"The Former Manager (former Group Home Manger/QP) left the weekend prior to the discovery. We started to organize and sort items in the office to relocate the office. And [Quality Management Director] came across bank statements that showed questionable things. She then asked me (the Program Coordinator) to go to the bank to get statements for [Clients #1, 4, and 6]." -"[Quality Management Director] was in charge of the internal investigation." -Completed the incident report for Client #4 with the Residential Director. -Did not know why incident reports were not completed for the other residents. -Did not complete an incident report for Clients #1, #2 or #6.</p> <p>Interview on 01/21/2022 with the Quality Management Director revealed: -Served as the Quality Management Director. -"Support all residential services across state, including transitions to independent living, support</p>	V 366		

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V 366	<p>Continued From page 18</p> <p>Mental Health services in [other city] and [other city]."</p> <p>-Discovered the "exploitation" of Client #4 by the former Group Home Manager after she (the former Group Home Manager) resigned.</p> <p>-Did not complete an incident report for Clients #1, #2 or #6.</p> <p>-"Incidents reports were not done for the other 2 clients (Clients #1 and #6), because we had issues with getting law enforcement to get the process moving in the right direction. The only charge that he (the detective) would take was the [insurance company] policy charges."</p> <p>-"We reported [former Group Home Manager] to the healthcare registry."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 366	Q pe text here	
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously unavailable.</li> </ol> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion</p>	V 367	Q	

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V 367	Continued From page 20  or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all level II and level III incidents were reported to the Local Management Entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident affecting 3 of 6 Clients (Clients #1, #2, and #6). The findings are:	V 367		

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V 367	<p>Continued From page 21</p> <p>Review on 01/12/2022 of the facility's incident reports from 06/01/2021-12/31/2021 revealed: -One level III incident report for Client #4 for "Exploitation" dated 12/08/2021. -No incident reports submitted for allegations for Clients #1, #2, or #6.</p> <p>Review on 01/14/2022 of Incident Response Improvement System (IRIS) from 06/01/2021-12/31/2021 revealed: -One level III incident report for Client #4 for "Exploitation" dated 12/08/2021. -No incident reports submitted for Clients ##1, #2, or #6.</p> <p>Interview on 01/20/2022 with the Residential Director revealed: -Was made aware of the "exploitation" of Client #4 by the Former Group Home Manager on 12/08/2021. -Participated in the Internal Investigation for misappropriated funds involving the facility's residents. -Completed the incident report and reported the allegation of "exploitation" to the LME for Client #4 with the assistance of the Program Coordinator. -Did not report to the LME for Clients #1, #2, or #6.</p> <p>Interview on 01/21/2022 with the Program Coordinator revealed: -Confirmed the "exploitation" by the former Group Home Manager for Client #4; obtained and reviewed bank statements for Clients #1, #2, #4, and #6. -Completed the incident report and reported to LME for Client #4 with the Residential Director. -Did not report to the LME for Clients #1, #2 or</p>	V 367		

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V 367	Continued From page 22  #6.  Interview on 01/21/2022 with the Quality Management Director revealed: -Discovered the "exploitation" of Client #4 by the former Group Home Manager after she (the former Group Home Manager)resigned. -Reviewed financial information for Clients #1, #2, #4 and #6. -Did not report to the LME for Clients #1, #2 or #6.  This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 367	Standard procedures effective immediately include immediate to the QM Director and Chief Compliance Officer, an internal review team to meet within 24 hours of the notification, with specific action steps developed to include the completion of all required incident reports.	
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with	V 512		

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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</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
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V 512	<p>Continued From page 23</p> <p>Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, records review and interviews, 1 of 1 former staff (the former Group Home Manager/Qualified Professional (QP)) exploited 4 of 6 Clients (Clients #1, #2, #4 and #6). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents affecting 3 of 6 Clients (Clients #1, #2, and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to ensure all level II and level III incidents were reported to the Local Management Entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident affecting 3 of 6 Clients (Clients #1, #2, and #6).</p> <p>CROSS REFERENCE: 10A NCAC 27F .0105 Client's Personal Funds (V542). Based on records review and interviews, the former Group Home Manager/Qualified Professional (QP) failed to (1) manage and maintain records of client personal funds as required, (2) Regulate the receipt and distribution of funds in a personal fund account, (3) Provide</p>	V 512		
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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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V 512	<p>Continued From page 24</p> <p>for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account, (4) Provide for the issuance of receipts to persons depositing or withdrawing funds, and (5) Provide the client with a quarterly accounting of his personal fund account affecting 4 of 6 Clients (Clients #1, #2, #4, and #6).</p> <p>Review on 01/18/2022 of Client #1's record revealed: -Admission date of 10/18/2019. -Diagnoses of Moderate Intellectual and Development Disabilities (IDD), Impulse control disorder, Attention Deficit Hyperactivity Disorder and Seizure Disorder. -Age 39.</p> <p>Review on 01/18/2022 of Client #2's record revealed: -Admission date of 11/10/2009. -Diagnoses of Mild IDD and Generalized Anxiety Disorder. -Age 34.</p> <p>Review on 01/18/2022 of Client #4's record revealed: -Admission date of 08/22/2017. -Diagnoses of Moderate IDD, Mood Disorder, Conduct Disorder, Major depressive Disorder, Epilepsy, Dysmenorrhea, and Allergies. -Age 43.</p> <p>Review on 01/24/2022 of Client #6's record revealed: -Admission date of 06/15/1998. -Diagnoses of Mild IDD and Adjustment Disorder. -Age 46.</p> <p>Review on 01/14/2022 of the former Group Home</p>	V 512		

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V 512	<p>Continued From page 25</p> <p>Manager/Qualified Professional (QP)'s record revealed: -Hire date of 04/15/2017. -Resignation date of 12/05/2021. -Job Title of Group Home Manager/QP.</p> <p>Review on 01/24/2022 of the Licensee's Money Management Support Policy #641.1 with revisions on 4/2012 and 12/2021 revealed: -"Easterseals UCP may provide money management support to persons served when it is requested by the individual or legally responsible person and /or it is demonstrated that an individual's ability to live and work safely in the community would otherwise be endangered. (311.1 Legal Representation)." -"Personal Funds Management may be provided by Easterseals UCP when requested by the individual and/or the Legally Responsible Person utilizing the Request for Money Management Support form. Staff support to develop the necessary skills for independent money management will be implemented into treatment / habilitation plans when appropriate ...." -"Residential Specific Support in Licensed Facilities: An individual may choose a reasonable amount of money to be kept in cash form in a locked area in the office. Staff will be responsible for assisting individuals with necessary withdrawals for their spending needs. The Residential Financial Record for Personal Funds will be utilized to document all cash withdrawals and deposits, with both the individual and the employee signing at the time of each transaction and receipts attached. In the case that an individual sign with a mark, two employee witnesses will be required. The Program Supervisor will balance this fund monthly with the individual. An accounting balance will be made available to the individual and/or LRP upon</p>	V 512		

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V 512	<p>Continued From page 26</p> <p>request."</p> <p>Review on 01/14/2022 of the facility's Incident Report for Client #4 updated 01/11/2022 revealed:</p> <ul style="list-style-type: none"> <li>-Date of incident 12/08/2021.</li> <li>-Initial submit date 12/09/2021.</li> <li>-"Completed by Program Coordinator."</li> <li>-"Provided learned of incident on 12/08/2021."</li> <li>-"Incident includes allegation against the facility."</li> <li>-"Exploitation box checked."</li> <li>-"The (former) group home manager resigned her position. Upon her leaving her position, a financial review of resident funds showed some significant irregularities in spending. Management staff are conducting a thorough review. Information will be turned over to local/county law enforcement as soon as it can be effectively collected. Management is not sure how many resident accounts are compromised but will review each resident account for irregularities."</li> </ul> <p>Review on 01/12/2022 of a document titled Internal Investigation-Elizabeth dated 01/11/2022 and completed by the Quality Management Director revealed:</p> <ul style="list-style-type: none"> <li>-"Internal Investigation: Resident Checking Accounts."</li> <li>-"Facility name and address."</li> <li>-"Date 01/11/2022."</li> <li>-"[Former Group Home Manager/QP] resigned her position effective December 5, 2021 giving a two-week notice. Easterseals UCP had suspended and terminated a former staff from Elizabeth Group Home, promoted to a Group Home Manager position in [the Sister Facility town] for exploitation of resident funds. [Former Group Home Manager/QP] resignation followed this event. Due to the close connection of these two staff, we completed a full review of all</li> </ul>	V 512		

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V 512	Continued From page 27  resident funds at Elizabeth Group Home." -"No receipts found for numerous online purchases." -"No receipts or accounting for the withdrawals located." -"We have not been able to interview [the former Group Home Manager/QP] as she is no longer an employee." -"No start or end date of the investigation." -"No mention of the total amount of misappropriated funds for the client (s)." -"No evidence of statements obtained from clients or other Group Home staff.  Review on 01/12/2022 of an undated document titled Investigation Results completed by the Quality Management Director revealed: -"A preliminary investigation into residential financial records show a pattern of both large withdrawal from ATM's (Automatic Teller Machine) in multiple places, including the hometown of the group home manager, a [Insurance Company] payment x2." -"Further investigation will need to be completed including coordinating with law enforcement." -"This resident's [Client #4] debit card is discontinued and the bank has been notified of the suspected misappropriation of funds." -"[Local Department of Social Services (DSS)] has been notified as well as the local law enforcement."  Review on 01/12/2022 of a document titled Investigation Results dated 12/17/2021 completed by the Quality Management Director revealed: -"Further investigation will need to be completed including coordinating with law enforcement. As of 12/17/21 the investigating officer informed us that we may need to coordinate over a couple of	V 512		

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V 512	<p>Continued From page 28</p> <p>different law enforcement agencies based on where the ATM withdrawals were made." -"Notified Officer from Sister Facility Investigation." -"This resident's [Client #4] debit card is discontinued and the bank has been notified of the suspected misappropriation of funds." -"[Local DSS] has screen out this report as the staff person no longer is an employee following a voluntary resignation."</p> <p>Review on 02/01/2022 of the Police Report for Client #4 dated 12/10/2021 revealed: -"Report date and time; 12/10/2021 at 2:09 pm." -"Case status; further investigation." -"Offense Information; 1 count of Wire Fraud/Computer/ Misdemeanor." -"Reporting person; [Residential Director]." -"Victim; [Client #4]." -"Address; 1015 Elizabeth Drive, Dallas, NC 28034." -"Item Description; Victim's debit card was used to pay [Insurance Company] in transactions for a total of \$370.39."</p> <p>*Financial accounting to include but not limited to receipts were not provided for review. Therefore, we are unable to fully distinguish legitimate transactions on behalf of the residents from misappropriated and/exploited personal funds.*</p> <p>Review between 01/17/2022-01/26/2022 of Client #1's bank statements from 03/11/2020-12/17/2021 for a personal account with access to an automated teller machine (ATM) card revealed:</p> <p>-Summary of transactions unaccounted from 03/11/2020-12/24/2020 to include online and in store purchases, online recurring charges, and</p>	V 512		

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V 512	Continued From page 29  ATM withdrawals; Totals: \$1752.62.  Posted transactions from January 2021-December 2021 revealed; -Online purchases; 02/24/2021 for \$21.40, 06/07/2021 for \$134.55, and 10/29/2021 for \$149.79. -Instore purchases; 04/15/2021 for \$33.17, 04/16/2021 for \$31.53, 05/28/2021 for \$9.98, 06/14/2021 for \$22.47, 07/16/2021 for \$57.71, 10/12/2021 for \$12.08, and 10/13/2021 for \$15.44. -Food purchases; 09/14/2021 for \$26.18, 10/29/2021 for \$20.74, 11/12/2021 for \$25.82, 11/15/2021 for \$16.82, 11/26/2021 for \$21.16, 12/06/2021 for \$17.67, and 12/06/2021 for \$21.14. Gas station purchases; 07/19/2021 for \$25.03. -Online recurring charges; 01/25/2021 for \$16, 02/04/2021 for \$10.69, 02/24/2021 for \$16, 03/25/2021 for \$16, 04/26/2021 for \$16, 05/24/2021 for \$16, 07/26/2021 for \$16, 08/24/2021 for \$16, 09/24/2021 for \$16., 10/25/2021 for \$16, 11/24/2021 for \$16 and 12/24/2021 for \$16. -ATM withdrawals; 05/11/2021 for \$20.00, 07/06/2021 for \$20.00, 08/06/2021 for \$20, and 10/12/2021 for \$20. -Fees; 10/12/2021 for \$.36. -Total unaccounted purchases and withdrawals; \$1069.65 -Grand total: \$2822.27  Review between 01/17/2022-01/26/2022 of Client #2's bank statements for a personal account with access to an automated teller machine (ATM) card revealed: -No bank statements submitted for review.	V 512		

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V 512	<p>Continued From page 30</p> <p>Review between 01/17/2022-01/26/2022 of Client #4's bank statements from 12/20/2019-12/31/2021 for a personal account with access to an automated teller machine (ATM) card revealed:</p> <p>-Summary of transactions unaccounted for from 12/20/2019-12/31/2020 to include online and in store purchases, online recurring charges, overdraft fees and ATM withdrawals; Totals: \$8,628.01.</p> <p>-Posted transactions from January 2021-December 2021;</p> <p>-Online purchases; 01/15/2021 for \$51.45, 04/16/2021 for \$68.44, 04/30/2021 for \$183.99, 05/11/2021 for \$57.52, 05/19/2021 for \$39.58, 05/27/2021 for \$69.55, 05/28/2021 for \$140.71, 06/04/2021 for \$65.20, 06/07/2021 for \$32.09, \$391.84 and \$42.79, 06/17/2021 for \$186.14, 06/18/2021 for \$138.20 and \$149.79, 06/18/2021 for \$2.13, 06/21/2021 for \$6.41, 06/23/2021 for \$25.94, 06/30/2021 for \$74.88, 07/16/2021 for \$19.76, 07/19/2021 for \$6.8, 07/21/2021 for \$6.41, 07/26/2021 for \$5.34, 08/02/2021 for \$22.36, 08/17/2021 for \$24.60, 09/16/2021 for \$12.84, 09/20/2021 for \$22.45, 09/28/2021 for \$11.21, \$6.41 and \$53.49, 09/30/2021 for \$46.70, 11/01/2021 for \$30.24, 11/08/2021 for \$7.47. Insurance payments; 02/16/2021 for \$313.64, 02/18/2021 for \$56.75. Prepaid charges; 02/18/2021 for \$70.20.</p> <p>-Instore purchases; 04/06/2021 for \$20.16, 05/24/2021 for \$41.12, 05/26/2021 for \$279.10, 05/27/2021 for \$130.93, 06/07/2021 for \$46.01 and \$265.21, 06/10/2021 for \$17.12, 06/28/2021 for \$51.32, 07/26/2021 for \$11.20, 08/23/2021 for \$33.64. 11/01/2021 for \$16.59, 11/22/2021 for \$18.02, 11/24/2021 for \$10.69. Haircut; 06/07/2021 for \$49.87. Amusement park;</p>	V 512		

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V 512	<p>Continued From page 31</p> <p>10/12/2021 for \$8.56.</p> <p>-Food purchases; 04/08/2021 for \$18.14, 05/24/2021 for \$73.07, 06/11/2021 for \$71.67, 08/17/2021 for \$9.63, 08/30/2021 for \$12.33, 09/27/2021 for \$26.56, 10/12/2021 for \$18.17, 11/22/2021 for \$27.55, \$2.52 and \$13.87, 11/23/2021 for \$11.75. Beverage store purchase; 06/11/2021 for \$24.50, Grocery store purchase on 06/28/2021 for \$141.79.</p> <p>-Online memberships; 01/04/2021 for \$13.90, 02/01/2021 for \$13.90, 02/25/2021 for \$13.90, 03/26/2021 for \$13.90, 04/02/2021 for \$13.90, 04/26/2021 for \$5.34, 05/03/2021 for \$13.90, 05/26/2021 for \$13.90, 06/02/2021 for \$13.90, 06/08/2021 for \$13.90, 06/28/2021 for \$13.90, 07/02/2021 for \$13.90, 07/26/2021 for \$13.90, 08/02/2021 for \$13.90, 08/25/2021 for \$13.90, 09/01/2021 for \$13.90, 09/27/2021 for \$13.90, 10/01/2021 for \$13.90, 10/25/2021 for \$13.90, 11/01/2021 for \$13.90, 11/26/2021 for \$13.90, 12/01/2021 for \$19.25, 12/01/2021 for \$13.90.</p> <p>-Online charges; 01/15/2021 for \$7.48, 02/16/2021 for \$4.27, 04/20/2021 for \$6.41, 05/26/2021 for \$5.34, 06/28/2021 for \$5.34, 07/19/2021 for \$4.07, 08/20/2021 for \$6.41, 08/26/2021 for \$5.34, 08/30/2021 for \$5.34, 09/20/2021 for \$6.41, 09/27/2021 for \$5.34, 09/29/2021 for \$5.34, 10/12/2021 for \$5.36, 10/20/2021 for \$6.41, 10/26/2021 for \$5.34, 10/29/2021 for \$5.34, 11/01/2021 for \$1.05, 11/12/2021 for \$5.34, 11/19/2021 for \$1.49 and \$16.04, 11/22/2021 for \$6.41, 11/26/2021 for \$5.34, 11/29/2021 for \$5.34.</p> <p>-Online subscriptions; 02/01/2021 for \$19.25, 03/01/2021 for \$19.25, 03/31/2021 for \$19.25, 05/03/2021 for \$19.25, 06/01/2021 for \$19.25, 07/01/2021 for \$19.25, 08/02/2021 for \$19.25, 08/31/2021 for \$19.25, 10/04/2021 for \$19.25, 11/01/2021 for \$19.25, 12/01/2021 for \$19.25, and 12/31/2021 for \$19.25.</p>	V 512		



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V 512	<p>Continued From page 32</p> <p>-ATM withdrawals; 05/11/2021 for \$20.00, 05/24/2021 for \$502.00, 06/11/2021 for \$20, 06/14/2021 for \$20, 06/21/2021 for \$303.00, 08/06/2021 for \$20, 08/23/2021 for \$102.00, 11/12/2021 for \$20. -ATM fees; 02/16/2021 for \$2.50, 05/24/2021 for \$2.50, 06/21/2021 for \$2.50, 08/23/2021 for \$2.50.</p> <p>-Overdraft fees; 01/04/2021 for \$35, 01/04/2021 for \$35.00, 07/02/2021 for \$35.00, 07/03/2021 for \$35.00, 10/04/2021 for \$35.00.</p> <p>-Total unaccounted purchases, withdrawals and overdraft fees; \$6,863.67</p> <p>-Grand total: \$15,491.68</p> <p>Review between 01/17/2022-01/26/2022 of Client #6's bank statements from 12/29/2019-12/02/2021 for a personal account with access to an automated teller machine (ATM) card revealed:</p> <p>-Summary of transactions unaccounted for from 12/29/2019-12/07/2020 to include online and in store purchases, online recurring charges, cell phone bill and ATM withdrawals; Totals: \$2,931.89.</p> <p>-Posted transactions from January 2021-December 2021;</p> <p>-Online purchases; 02/23/2021 for \$9.88, 05/27/2021 for \$338.07, 05/27/2021 for \$33.16, 06/11/2021 for \$133.97, 07/15/2021 for \$27.50 and \$25.67, 07/19/2021 for \$9.62, 07/23/2021 for \$64.19 and \$58.83, 07/27/2021 for \$10.65, and 09/07/2021 for \$38.60.</p> <p>-Instore purchases; 04/06/2021 for \$19.50, 05/11/2021 for \$120.44, 05/27/2021 for \$41.51, 06/24/2021 for \$28.71, and 08/11/2021 for \$43.12. Food purchases; 07/01/2021 for \$19.65, and 11/01/2021 for \$25.25.</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</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 512	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>-Online memberships; 03/17/2021 for \$13.90, 04/19/2021 for \$13.90, 05/17/2021 for \$13.90.</li> <li>-Cell phone charges for a phone Client #6 did not possess; 01/05/2021 for \$43.53, 03/08/2021 for \$43.53, 04/05/2021 for \$43.53, 04/27/2021 for \$43.53, 06/04/2021 for \$43.53, 08/03/2021 for \$43.53, 09/02/2021 for \$43.53, 10/04/2021 for \$43.53, 11/01/2021 for \$43.53, and 12/01/2021 for \$43.53.</li> <li>-ATM withdrawals; 05/11/2021 for \$20, 06/11/2021 for \$20, 09/03/2021 for \$20, 09/23/2021 for \$40, 10/12/2021 for \$20. Service fees; 03/05/2021 for \$5.</li> <li>-Overdraft fees; on 11/02/2021 for \$35, and 12/02/2021 for \$35.</li> <li>-Total unaccounted for purchases, withdrawals and overdraft fees; \$1772.68</li> <li>-Grand total: \$4,704.57</li> </ul> <p>Attempt interview on 02/04/2022 with Client #1 was unsuccessful due her inability to fully understand and/or answer questions.</p> <p>Interview on 02/04/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-The current and former Group Home Manager/QP managed her personal funds.</li> <li>-Had a debit card. "I do, but it is put up. It is in the office."</li> <li>-Had access to her debit card. "Yes, as long as [Group Home Manager/QP] help me, I do...."</li> <li>-Made online purchases from [online store] for propel water and Gatorade with the help of the former Group Home Manager/QP.</li> <li>-"I ordered a game."</li> <li>-Not sure about bank statements.</li> <li>-"I have Roku tv; online streaming channel, YouTube, music channel and regular tv channels."</li> </ul> <p>Interview on 02/04/2022 with Client #3 revealed:</p>	V 512		

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V 512	<p>Continued From page 34</p> <ul style="list-style-type: none"> <li>-The current and former Group Home Manager/QP managed personal funds.</li> <li>-"I have a debit card in my pocketbook in my wallet."</li> <li>-Made online purchases.</li> <li>-"My mom gets my bank statements".</li> </ul> <p>Interview on 02/04/2022 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-Did not know if the facility managed her personal money.</li> <li>-"Yes, I have a debit card. The Group Home has it."</li> <li>-Did not make online purchases.</li> </ul> <p>Interview on 02/04/2022 with Client #5 revealed:</p> <ul style="list-style-type: none"> <li>-"[Unaudited Staff], she is one of the staff that work here. She helps me count the bills and see how many I have in my pouch. I think [Program Coordinator] does to".</li> <li>-Had a debit card.</li> <li>-"I do, but my mom has my debit card. She (Client #5's mom) also help me with money to see how much I take out".</li> </ul> <p>Interview on 02/04/2022 with Client #6 revealed:</p> <ul style="list-style-type: none"> <li>- The current and former Group Home Manager/QP managed her personal funds.</li> <li>-Had a debit card.</li> <li>-Debit card was kept in a book. Did not know where the book was.</li> <li>-Did not make online purchases using her debit card.</li> <li>-Had not been informed by the facility of any unauthorized purchases on her debit card.</li> <li>-Group Home Manager/QP had her bank statements.</li> <li>-Had an online tv streaming service.</li> </ul> <p>Interview on 02/04/2022 with Client #1's Guardian revealed:</p>	V 512		

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V 512	<p>Continued From page 35</p> <p>"I do not manage [Client #1]'s finances. [Representative payee service provider] allocate those funds; they are located near [surrounding county]. [Former Group Home Manager/QP] asked if I wanted to handle her money and I said no I did not. She (former Group Home Manager/QP) recommended the [Representative payee service provider]."</p> <p>-Facility managed Client #1's personal checking accounts.</p> <p>"I asked for accounting of her funds and it was so general that it was useless. It was couple of years ago."</p> <p>-Never received copies of Client #1's bank statements.</p> <p>"[Former Group Home Manager/QP] called me and told me that [Client #1] had stimulus money and asked if it was okay to buy [Client #1] new furniture and curtains. I think they did buy the furniture and tv set. Later, [Former Group Home Manager/QP] said [Client #1] wanted to buy a new chair and asked if she could buy a new chair. They did buy her a chair from [online retailer]."</p> <p>"The Quality Control person (Quality Manager Director) called me last week on 01/25/2022 to discuss the misuse of [Client #1]'s funds. She (the Quality Manager Director) wanted to know if I felt the money was spent improperly. I told her that I did not know [Client #1] had an [online retailer] account. She asked about Kindle books. [Client #1] would need assistance with downloading games or digital book and probably could not operate anything digital by herself."</p> <p>"I don't think [Client #1] has to the capability to make online purchases. [Quality Management Director] said she asked [Client #1] if she made online purchases and [Client #1] said no, [the former Group Manager/QP] had."</p> <p>"[Client #1] is not able to take money out of the ATM on her own. [Client #1] has been present</p>	V 512		

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V 512	<p>Continued From page 36</p> <p>when this had gone on. [Quality Management Director] thought I was buying things from [online retailer] on [Client #1]'s behalf. I told her that I was not and was not aware that [Client #1] had an account in her name.</p> <p>-"[Former Group Manager/QP] left abruptly, I found out about her leaving 2-3 days before she left. I had to tell [Client #1]'s care coordinator that [Former Group Manager/QP] had left the job. I would say that [Former Group Manager/QP] is one of the most disorganized people in a job like this. She was horrible at record keeping. Every time we would have a plan meeting about [Client #1], [Former Group Manager/QP] was never prepared. Care Coordinator said she would never submit in necessary documentation."</p> <p>-[Client #1] had money building up in her Supplemental Security Income (SSI) account.</p> <p>-Former Group Manager/QP would periodically contact her (Client #1's guardian) with requests to spend down Client #1's SSI the funds.</p> <p>Interview on 02/02/2022 with Client #2's Guardian revealed:</p> <p>-Client #2's grandmother/guardian.</p> <p>-"[Client #2] has no concept of money and can't count. She can read, but not really good."</p> <p>-Did not manage finances for Client's #2.</p> <p>-"If they told you I manage [Client #2]'s money, they are lying. I have never managed her money. I obtained guardianship about 1 year ago and informed the judge to leave everything as is."</p> <p>-Did not receive copies of Client #2's monthly bank statements.</p> <p>-Bank statements are mailed to the facility.</p> <p>-"I know money was taken out of [Client #2]'s checking account about 5-6 months ago. [Former Group Home Manager/QP] was over [Client #2]'s money then. The bank wrote a check and gave the stolen money back to [Client #2]."</p>	V 512		

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V 512	<p>Continued From page 37</p> <p>[Former Group Home Manager/QP] had all the girls' debit cards and pin numbers. Some of the other girls were hit too."</p> <p>"I have never been to the bank for or with [Client #2]. I told [Group Home Manager/QP] to cancel [Client #1]'s debit card and have a new one issued. I only want [Group Home Manager/Qualified Professional] and [Client #2] to have access to her account. It has been a couple of weeks since [Group Home Manager/Qualified Professional] cancelled the debit card."</p> <p>"I don't want to get anyone in trouble, but it is wrong for them to take money from people like [Client #2]."</p> <p>Interview on 01/18/2022 and 01/24/2022 with Client #3's Guardian revealed:                      "[Former Group Home Manager/QP] helped [Client #3] to spend money on her debit card.                      "[Former Group Home Manager/QP] helped [Client #3] purchased a karaoke machine from [online retailer] that cost over 100 dollars. This was done without my permission. Happened sometime in 2019 or 2020."                      -Had asked the former Group Home Manager/QP to ensure Client #3 did not overspend personal money.                      -"Every weekend [Client #3] was withdrawing money from the ATM. She kept getting money from the ATM and she would not have anything to show for it."                      -"[Former Group Home Manager/QP] would use her (former Group Manager/QP)'s [online retailer] membership, but [Client #3]'s debit card to order things from [online retailer]."                      -"[Client #3] keeps her debit card on her person at all times."</p> <p>Attempted interviews on 01/24/2022 and 01/26/2022 with Client #4's Guardian was</p>	V 512		

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V 512	<p>Continued From page 38</p> <p>unsuccessful due to no response to calls.</p> <p>Interview on 02/04/2022 with Client #6's Guardian revealed:                      -"I do not handle any of her (Client #6) finances. I am guardian of the person. From what I understand, [Licensee] is the guardian of finance."                      -Did not receive copies of Client #6's bank statements.                      -Had not been contacted about unauthorized charges on Client #6's debit card.                      -"I was told by the [Quality Management Director] that they are looking into some things regarding her finances. I know they have been through changes in staff. I did not know the manager of the home was gone. I know there was a shakeup."</p> <p>Interview on 01/31/2022 with the Detective revealed:                      -"The case is at a standstill. I have gone out to the home three times and called the home more times leaving message but can't reach anybody. Then out of the blue without asking for it, I received a package in the mail with a lot of documents in it a week ago."                      -"[Residential Director] filed the report, specifying that a former staff [the former Group Home Manager/Qualified Professional ] used the debit card of a resident with disabilities (Client #4) to pay a [insurance company] bill for a total of \$370.00."                      -No other unauthorized charges specified for Client #4 or any other resident at the facility.</p> <p>Interview on 01/19/2022 with Staff #1 revealed:                      -Not aware of allegations of exploitation.                      -" No, that I am aware of."</p>	V 512		

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V 512	<p>Continued From page 39</p> <p>Interview on 01/19/2022 with Staff #2 revealed: - "A lot of parents has issues with where the client's money is. Specific parents; [Client #4]'s guardian have questions about where money had been spent. No guardian has said anything about [Client #6]'s money. But when I went through her money book, the money totals were off. I informed [Program Coordinator] of the issue and she indicated they were already working on it. [Client #2] had money coming out, but it was something she did. I am not aware of any other clients having issues."</p> <p>Interview on 01/19/2021 with the Group Home Manager/QP revealed: -Not aware of allegations of exploitation. -"Not to my knowledge."</p> <p>Interview on 01/21/2022 with the Program Coordinator revealed: -Identified the former Group Home Manager/QP as the "financial exploiter." -"[Quality Management Director] was in charge of the internal investigation." -"[The Former Group Home Manager/QP] left the weekend prior to the discovery. We started to organize and sort items in the office to relocate the office. And [Quality Management Director] came across bank statements that showed questionable things. She then asked me (Program Coordinator) to go to the bank to get statements for [Clients #6, #4, and #1]." -"I took [Clients #1, #4 and #6] to the bank. Had issues getting the bank statements for [Clients #1 and #4] because of expired Identification cards." -"I pulled [Clients #4 and 1]'s bank statements offline. I sorted the information onto an excel spreadsheet and sent to [Quality Management Director] for review." -Did not calculate the amount taken from each</p>	V 512		



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V 512	<p>Continued From page 40</p> <p>member.</p> <p>-Spreadsheet can be sorted for totals. "[Client #4] was probably several thousands of dollars."</p> <p>-Did not make external contacts.</p> <p>-"[Quality Management Director] talked to the police officers. She (Quality Management Director) also spoke to [Former Group Home Manager/QP] about a reoccurring cell phone charge on [Client #6]'s statement (bank). There was a meeting at Day Program for [Client #6] and [Quality Management Director] went to the meeting. [Former Group Home Manager/QP] now work at the day program, where she started to work when she resigned from [Licensee]. [Quality Management Director] was told by [former Group Home Manager/QP] that she [former Group Home Manager/QP] was able to stop the charges for the phone. [Client #6's] debit card was cancelled."</p> <p>-"Members do not keep cards (debit card) on their person unless they go out and purchase something."</p> <p>-"Previously only the Group Home Manager kept track of financial information for clients. Now, the managers are required to upload client financial information on the agency's electronic data base/portal."</p> <p>Interview on 01/20/2022, 01/21/2022 and 02/03/2022 with the Residential Director revealed:</p> <p>-Worked on the Internal Investigation.</p> <p>-"[Quality Management Director] looked at the records and saw the issues."</p> <p>-Identified the former Group Home Manager/QP as the "financial exploiter" of Client #4.</p> <p>-"Group Home Managers oversee the finances of clients. The expectation is that the financial information is purged every year. The information is not thrown away, put in a folder and stored in a locked file cabinet on site."</p>	V 512		

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V 512	<p>Continued From page 41</p> <ul style="list-style-type: none"> <li>- "Clients should have a 3 ring binder with receipts, bank statements and budget forms, which is kept in the staff office. We did not have receipts or bank statements for the clients."</li> <li>- Clients' debit cards were locked in the staff office.</li> <li>- "At this point, [Client #4] is the only impacted member."</li> <li>- "Debit card was canceled for [Client #4]."</li> <li>- "A [former staff] from [facility] got promoted to GH Manager at another home in May 2021. She was suspended and terminated at the end of October 2021 for financial exploiting clients at the home. The connection was they (the former Group Manager/QP and former staff) were working together, and [former Group Home Manager/QP] gave the recommendation for the former staff to receive the position."</li> <li>- Internal investigation was on-going.</li> <li>- "[Quality Management Director] is still looking into the matter."</li> <li>- "We got to get back in touch with Police office, he initially felt that they did not have enough proof."</li> <li>- "We will see if the bank will reimburse and if that does not happen, we will do a check request with [Easterseals] to reimburse the members."</li> </ul> <p>Interview on 01/11/2022 and 01/21/2022 with the Quality Management Director revealed:</p> <ul style="list-style-type: none"> <li>- Did not realize they had to worry about staff taking stimulus monies of clients.</li> <li>- Identified the former Group Home Manager/QP as the "financial exploiter" of Client #4.</li> <li>- Did not interview or obtain a statement from the former Group Home Manager.</li> <li>- Did not interview or obtain a statement from clients or current staff.</li> <li>- The facility did not manage the personal funds of Clients #2, #3, and #5.</li> </ul>	V 512		

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V 512	<p>Continued From page 42</p> <ul style="list-style-type: none"> <li>-The facility managed the personal funds of Clients #1, #4, and #6.</li> <li>-Coordinated the internal investigation and delegated tasks to the Program Coordinator and Residential Director .</li> <li>-"I reviewed what they found and went through old books to see if there were amazon receipts and could not find."</li> <li>-Clients' debit cards are kept in a box in the staff's office.</li> <li>-"[Local Police Officer] talked to [Residential Director and Program Coordinator] by phone and he indicated that would not look into other counties."</li> <li>-"The exploitation was discovered when [former Group Manager/QP] left; she (former Group Manager/QP) supervised [former staff] who moved to [sister facility] and did exploitation. We had discussions with managers around stimulus money (ensure members right to make choices around spending). Discussed across the agency and I did not expect to see this. The former staff used the company credit card to make unauthorized charges, which prompted them to look at the resident's accounts and they discovered the financial exploitation with her. [former Group Manager/QP] was looked at because she left. She was burned out, applied for [the Residential Director]'s job and did not get it. She (former Group Manager/QP) only wanted part of it (only one region). Agency could not make that change for her."</li> <li>-"I would still like a way for me to go through member's Prime accounts to see what was ordered. Asked [Program Coordinator] to look into it. Found that a couple of people have something set up but don't have passwords. It is going to take us some time to get through this process. The focus is for [Group Home Manager/QP] to get trained and develop a</li> </ul>	V 512		

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V 512	<p>Continued From page 43</p> <p>process to assist members with the financial piece."</p> <p>-"There was a conversation with [Client #4]'s guardian, and they reported concerns about how much money she had left, and the things brought. Clothes did not look new. Had a conversation with [Client #6]'s family about her phone."</p> <p>-Admitted to speaking with the former Group Home Manager after she had resigned.</p> <p>-"I met with [former Group Home Manager/QP] for a team meeting, I think it was sometime in December 2021 and I asked why there was reoccurring charges for a phone that [Client #6] did not have."</p> <p>-"Have not contacted other members' family about charges but absolutely can."</p> <p>-Reported [former Group Home Manager] to the healthcare registry for the exploitation of Client #4.</p> <p>-"Client financials are now placed on the main frame. We realized we have risk areas that are different due to members having more money than usual."</p> <p>Review on 02/04/2022 of the Plan of Protection (POP) dated and signed by the Quality Management Director on 02/04/2022 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"1. Debit cards were canceled and reissued for [Client #6] in December and [Client #4] and [Client #2] in January and [Client #1] on 2/3/22.</p> <p>2. Group Home Manager assures that residents are present for any withdrawals. Receipts for cash or debit purchases are kept in financial notebooks and residents debit cards are kept in a secured lock box.</p> <p>3. Group Home Manager/QP's first day of employment was 12/28/21 and she has daily access with the Regional Director and/or Program</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER  <b>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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V 512	<p>Continued From page 44</p> <p>Coordinator for guidance and supervision with policies and procedures.</p> <p>4. Exploitation of personal funds will require an incident report on all residents whose funds are managed by the facility within 72 hours. On 2/3/2022 3 additional incident reports will be submitted for [Clients #2, #1 and #6]. Internal review team convened and documented for incidents of exploitation ..."</p> <p>Describe your plans to make sure the above happens.</p> <p>"Bank statements and accompanying receipts are uploaded to a file, monthly, where the Program Coordinator, Regional Director, State Director and/or Quality Management will provide oversight and document on a spreadsheet when monthly monitoring is completed.</p> <p>Every other week the Regional Director, Program Coordinator or Quality Management Director will complete an onsite visit for monitoring of internal processes to prevent abuse, neglect, exploitation, consistency in financial oversight and accurate reporting of incidents for a minimum of 90 days. Financial Processes document will be read, discussed and signed by Group Home Manager with the Residential Director by Tuesday, February 8, 2022. All residential staff who support residents in banking and purchasing activities will read and sign the Acknowledgement Forms (attached). Signatures will be obtained by Friday, February 11, 2022. Those internal processes will be added to our Group Home Manual.</p> <p>Group Home Manager will complete Incident Report training by end of business day today (please see attached).</p> <p>Once ESUCP has a final accounting of all fraudulent banking activity we will make reparations to the residents that are not covered by other entities (accused staff or the banks). If any resident needs items urgently for personal</p>	V 512		

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V 512	<p>Continued From page 45</p> <p>use and does not have the funds due to these financial issues, Easterseals UCP will cover the cost of those items ..."</p> <p>Review on 02/03/2022 of the Addendum to the Plan of Protection (POP) dated and signed by the Residential Director on 02/03/2022 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "1. Debit cards were canceled and reissued for [Client #6] in December and [Client #4] and [Client #2] in January. 2. Group Home Manager received training to assist residents with any banking transactions and residents must be present for any withdrawals. Receipts for cash or debit purchases are kept in financial notebooks and residents debit cards are kept in a secured lock box. 3. Group Home Manager/QP's first day of employment was 12/28/21 and she has daily access with the Regional Director and/or Program Coordinator for guidance and supervision with policies and procedures. 4. Exploitation of personal funds will require an incident report on all residents whose funds are managed by the facility within 72 hours. Internal review team convened and documented for incidents of exploitation ..." Describe your plans to make sure the above happens. "...Bank statements and accompanying receipts are uploaded to a file, monthly, where the Program Coordinator, Regional Director, State Director and/or Quality Management will monitor. Every other week the Regional Director, Program Coordinator or Quality Management Director will complete an onsite visit for monitoring of internal processes to prevent abuse, neglect, exploitation, consistency in financial oversight and accurate</p>	V 512		
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V 512	<p>Continued From page 46</p> <p>reporting of incidents for a minimum of 90 days. Group Home Manager will complete Incident Report training by end of business day today ..."</p> <p>Review on 02/03/2022 of the Addendum to the Plan of Protection (POP) dated and signed by the Residential Director on 02/03/2022 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "1. Debit cards were canceled and reissued for [Client #6] in December and [Client #4] and [Client #2] in January and [Client #1] on 2/3/22. 2. Group Home Manager assures that residents are present for any withdrawals. Receipts for cash or debit purchases are kept in financial notebooks and residents debit cards are kept in a secured lock box. 3. Group Home Manager/QP's first day of employment was 12/28/21 and she has daily access with the Regional Director and/or Program Coordinator for guidance and supervision with policies and procedures. 4. Exploitation of personal funds will require an incident report on all residents whose funds are managed by the facility within 72 hours. On 2/3/2022 3 additional incident reports will be submitted for [Clients #1, #2, and #6] Internal review team convened and documented for incidents of exploitation ..." Describe your plans to make sure the above happens. "Bank statements and accompanying receipts are uploaded to a file, monthly, where the Program Coordinator, Regional Director, State Director and/or Quality Management will provide oversight and document on a spreadsheet when monthly monitoring is completed. Every other week the Regional Director, Program Coordinator or Quality Management Director will complete an onsite visit for monitoring of internal</p>	V 512		

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V 512	Continued From page 47  processes to prevent abuse, neglect, exploitation, consistency in financial oversight and accurate reporting of incidents for a minimum of 90 days. Group Home Manager will complete Incident Report training by end of business day today (please see attached). Once ESUCP has a final accounting of fraudulent activity we will make reparations to the residents ..."  The facility had 6 female clients, all with IDD diagnoses ranging from Mild to Moderate and other conditions of Mental Health. The Licensee's Money Management Policy provides that the Program Supervisor (Group Home Manager/QP), manage and maintain the financial records for client's personal funds. As such, the former Group Home Manager/QP served as the designed manager for Clients #1, #2, #4, and #6 personal funds. She did not provide receipts and/or accounting records to support transactions totaling \$23,018.52 for Clients #1, #4, and #6 combined as required. The multiple unaccounted for transactions included; instore purchases, online purchases, online recurring charges, overdraft fees, and ATM withdrawals for Clients #1, #4, and #6. The total amount of unaccounted funds for Client #2 could not be determined. The Licensee did not complete level III incidents reports or LME reporting for Clients #1, #2, and #6 as required. This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512	The detective from the Gaston County Police is following up on the investigation of financial exploitation of the residents. Easterseals UCP has provided the additional financial documentation on other residents. Incident reports/HCR reports made. Attempts have been made to access the documentation on the on-line shopping. We have received information that the Amazon orders were made from the former group home manager's email account. At this point we are unable to identify the order history, but have turned this investigation over to the detective.	



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V 536	Continued From page 48	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536	<p>Crisis Avoidance Techniques is Easterseals UCP curriculum for training on restrictive interventions and de-escalation techniques. We have facilitated training to increase our number of trainers, and therefore increase our easy access to training. The group home manager will keep documentation of training renewal dates for all staff. This will be monitored by the Residential Manager.</p>	

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V 536	Continued From page 49  (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		

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V 536	<p>Continued From page 50</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p>	V 536	<p>The group home office and medication closet have</p>	

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V 536	<p>Continued From page 51</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure completed annual refresher training in alternatives to restrictive interventions for 2 of 4 Staff (Staff #1 and the former Group Home Manager/Qualified Professional (QP)) and completed training on alternatives to restrictive interventions prior to providing services for 1 of 4 Staff (the Group Home Manager/QP). The findings are:</p> <p>Review on 01/12/2022 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date of 01/25/2007.</li> <li>-Job title of Direct Support Professional (DSP).</li> <li>-Documentation of completion of training in Crisis Avoidance Techniques (CATs) dated 10/06/2020 with an expiration date of 10/31/2021.</li> <li>-No documentation of completion for annual refresher training in CATs present in the record.</li> </ul>	V 536		

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V 536	<p>Continued From page 52</p> <p>Review on 01/14/2022 of the former Group Home Manager/QP's record revealed: -Hire date of 04/15/2017. -Resignation date of 12/05/2021. -Job Title of Group Home Manager/QP. -No documentation of completion for annual refresher training in CATs present in the record.</p> <p>Review on 01/14/2022 of the Group Home Manager/QP's record revealed: -Hire date of 12/28/2021. -Job Title of Group Home Manager/QP. -No documentation of completion for initial training in CATs present in record.</p> <p>Interview on 01/19/2022 with Staff #1 revealed: -Trainings were up today. -"I think I took CATs about 2 or 3 months ago".</p> <p>Interview on 01/19/2022 with the Group Home Manager/QP revealed: -"All of my trainings are up to date, except for what I think is called CATs training".</p> <p>Interview on 02/04/2022 with the Residential Director revealed: -"I am really kicking myself right now, because she (Group Home Manager/QP) have the trainings". -Moving forward would ensure correction.</p>	V 536		
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping</p>	V 539		

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V 539	<p>Continued From page 53</p> <p>hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours and accessible areas for personal privacy affecting 1 of 4 Clients (Client #3). The findings are:</p> <p>Observation on 01/11/2022 at 12:30 pm of Client #3's bedroom revealed:</p> <ul style="list-style-type: none"> <li>-Large oversized master bedroom decorated with Client #3's personal touches; full bed, sofa, small refrigerator, stockpile of propel drinks against wall, family photos, dolls, and bears adorn the room. A large mirrored dresser and a second dresser with tv on top.</li> <li>-Upon bedroom entrance approximately 10 feet to the left lies a large bathroom with one way entrance/exit through Client #3's bedroom.</li> <li>-Upon bedroom entrance approximately 5-6 feet to the right lies entrance into the closet area with an exit door and two large walk-in closets.</li> <li>-Closet #1 contains; Client #3's clothes and personal items.</li> </ul>	V 539	<p>The group home office and medication closet have been relocated to allow for private rooms for each resident. Residents have all been directed to use shared rest rooms rather than the one in the resident's bedroom.</p>	

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V 539	<p>Continued From page 54</p> <p>-Closet #2 contains; a fully operational staff office equipped with a desk, rolling chair, client records, printer, shredder, file cabinets, shelves, binders, folders, and etc.</p> <p>Interview on 01/18/2022 with Client #3's guardian revealed:</p> <p>-"The hallway closet was initially the office in 2013. The new house manager in 2017 still used the hallway closet, but then took it upon herself to make [Client #3]'s closet area into an office. She had a door put up and made it (the 2nd closet) into an office for herself".</p> <p>-"I Video called [Client #3] every day and observed clients and staff going back and forward into [Client #3]'s bathroom and the staff's office in [Client #3]'s bedroom closet".</p> <p>-Complained to multiple people to include but limited to; the former Group Home Manager/Qualified Professional (QP), former Residential Director, Quality Management Director, Property Landlord, and Client #3's Care Coordinator.</p> <p>-"I spoke to her (former Residential Director) sometime in 2020 and she said that she spoke with someone higher up and [Licensee] was not doing anything wrong".</p> <p>-"I spoke to [Quality Management Director] about the office being in [Client #3]'s bedroom on 11/29/2021. She told me that [the former Group Home Manager/QP] needed an office to herself and it was in the agency's right to have an office in [Client #3]'s bedroom".</p> <p>-Had retained records of communication to include texted messages and call logs pertaining to the staff's office in Client #3's bedroom closet and privacy issues.</p> <p>-"Was informed that if I (Client #3's guardian) didn't like that the staff's office was in [Client #3]'s room, then [Client #3] could move out and one of</p>	V 539		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-068</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>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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V 539	<p>Continued From page 55</p> <p>the other residents could move in".                      -"[Client #3]'s Care Coordinator said that the Group Home could issue a 60 day notice for [Client #3] to move out".                      -"Filed a complaint with NC Disability Rights and the Governor's office".                      -Was concerned she (Client #3's Guardian) and Client #3 would be retaliated against. "I didn't want to move her out of her house, because of a situation that should have never happened to begin with".</p> <p>Attempt interview on 01/19/2022 with Client #1 unsuccessful due to her inability to fully understand and/or answer questions.</p> <p>Interview on 01/19/2022 with Client #2 revealed:                      -"I use the bathroom in my room. I use [Client #3]'s tub to take a shower when [Client #4] is in mine. I have to ask her before I use it".</p> <p>Interview on 01/19/2022 with Client #3 revealed:                      -Staff came in her room to use their office.                      -When asked questions pertaining to the staff office in her room; Client #3 said, "Call my mom".                      -Provided her mother's telephone number.                      -Other housemates come in her room to use her bathroom. "Sometimes, I don't want them too".</p> <p>Interview on 01/19/2022 with Client #4 revealed:                      -Did not use Client #3's bathroom.                      -"[Client #6] uses the bathroom in [Client #3]'s room".</p> <p>Interview on 01/19/2022 with Staff#1 revealed:                      -"The office was in [Client #3]'s bedroom for 6 or 7 months or maybe a little longer".                      -"Mostly supervisors use the office. I did not go into that office".</p>	V 539		



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V 539	<p>Continued From page 56</p> <p>Interview on 01/11/2022 with Staff #2 revealed: -Office in Client #3's bedroom was used by higher ups (Managers and Qualified Professionals/QP). -"They (Managers and QPs) come in through [Client #3]'s room to access the office". -Relocation of the staff's office out of Client #3's bedroom in process. -"I'm not sure why [Client #3]'s bathroom is dirty since no one should be using it. [Client #3]'s left before Christmas to visit family for the Holidays and is not expected back until the 2nd or 3rd week in January".</p> <p>Interview on 01/11/2022 with the Program Coordinator revealed: -Staff's office had been there (in Client #3's bedroom closet) for several years. Exact number of years unknown. -"That is something the prior manager did, and the member has been on leave with family since Thanksgiving. I am not sure how the former manager had it set for staff to go in and out". -"We are in the process of having the office moved".</p> <p>Interview on 01/20/2022 with the Residential Director revealed: -Not sure how long the office had been [Client #3]'s bedroom closet. -"Spoke to [Client #3]'s guardian about the issue (staff office in Client #3's bedroom closet) in November or December. I assured her that the office would be moved before [Client #3] came back from vacation". -"I was told by the former supervisor that members could use the bathroom but ask permission".</p> <p>Interview on 01/21/2022 the Quality Management Director revealed:</p>	V 539		

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V 539	<p>Continued From page 57</p> <p>-"[Client #3]'s mom did complain and [Senior State Director of Residential Services] told [former Group Home Manager/QP] to find an alternate space. [Senior State Director of Residential Services] had a conversation with the [former Group Home Manager/QP] about moving the office".</p> <p>-There had been discussions with [the Vice President] and Landlord to see if a doorway could be made to prevent the other clients from entering [Client #3]'s bedroom".</p> <p>-"I was not made aware that other members used the bathroom until the last few weeks".</p> <p>-" ...[Client #3]'s mom advocated for [Client #3]'s space to stay the same. The [former Group Home Manager/QP] was a strong willed person, she was hard".</p> <p>Review on 01/26/2022 of text message screenshots between Client #3's Guardian and the former Group Home Manager/QP revealed:</p> <p>-Text message dated 03/01/2021;</p> <p>-Client #3's Guardian: "Why is [Client #1] in [Client #3]'s bedroom? I'm talking with [Client #3] and [Client #1] just walked right in her bedroom. This as a privacy issue.</p> <p>-Former Group Home Manager/QP: "She is following me to my office so that I may talk to her about her hitting".</p> <p>-Client #3's Guardian: "You wasn't even in [Client #3]'s bedroom yet and [Client #1] walked right on in [Client #3]'s bedroom".</p> <p>-Former Group Home Manager/QP: "Yes I was [Client #1] came in right behind me".</p> <p>-Client #3's Guardian: "So [Client #3] doesn't haven any privacy in her own bedroom, obviously! No, this was BEFORE you just came into [Client #3]'s bedroom that [Client #1] just walked right into [Client #3]'s bedroom. I'm talking with [Client #3]. I'm telling you what just happened BEFORE</p>	V 539	Type text here	Type text here

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V 539	<p>Continued From page 58</p> <p>you came into [Client #3]'s bedroom to go to the closet office".</p> <p>-Former Group Home Manager/QP: "Not sure what was going one but you knew where my office when she moved into that room and she is welcome to move rooms if privacy is an issue".</p> <p>-Client #3's Guardian: "[Client #3] has a right to her privacy. I'm telling you that [Client #1] went into [Client #3]'s bedroom without you and not invited by [Client #3]. But you are ignoring this problem that I'm telling you about. I'm not going to argue with you about this. Even if [Client #3] had a different bedroom it's still an issue with any other person having that bedroom in regards to PRIVACY, but you obviously don't have any concerns about this. That's it."</p> <p>-Former Group Home Manager/QP: "Yes she does however my office is back her and you were aware of that. I will speak with someone about your concerns about provacy. I'm doing every I can do about [Client #1]".</p> <p>-Text message dated 09/10/2021;</p> <p>-Client #3's Guardian: "[Client #3]'s aggravated because she can't even go into her own bedroom to have private time to herself because her bedroom is your office and all of the other housemates are constantly in and out of her bedroom. I don't understand why you can't see this is a problem. The other 5 ladies don't have their private bedroom privacy being invaded like [Client #3] is being done. I really don't know why can't see this as a Major problem! All of the other's get their rights protected except for [Client #3]. Obviously you have threatened [Client #3] that she's going to have to move out because on our video call last night she was very upset and crying literally telling me about this".</p> <p>-Former Group Home Manager/QP: "Contact my supervisor with your concerns. I did not threaten</p>	V 539		

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V 539	Continued From page 59  her with moving out or moving out of the room. I told her to stop breaking in the office and stealing". -Client #3's Guardian: "Yes, I know all about contacting them. I'm telling her to stop messing with things that are not hers. I don't know what else I can do or say to her that I don't do. If you have any suggestions, please let me know". -Former Group Home Manager/QP: "I'm just saying I have tried to fix it. It's out of my hands. I have asked for them to build me an office and give access so I will have to go through her room. They're working on solutions. Talking to them would be your option right now".	V 539		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds  10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate	V 542		

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V 542	<p>Continued From page 60</p> <p>financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, 1 of 1 former staff (the former Group Home Manager/Qualified Professional) failed to (1) manage and maintain records of client personal funds as required, (2) Regulate the receipt and distribution of funds in a personal fund account, (3) Provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account, (4) Provide for the issuance of receipts to persons depositing or withdrawing funds, and (5) Provide the client with a quarterly accounting of his personal fund account affecting 4 of 6 Clients (Clients #1, #2, #4 and #6). The findings are:</p> <p>Review on 01/24/2022 of the Licensee's Money Management Support Policy #641.1 with revisions on 4/2012 and 12/2021 revealed: -"Personal Funds Management may be provided by Easterseals UCP when requested by the individual and/or the Legally Responsible Person</p>	V 542		

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V 542	Continued From page 61  utilizing the Request for Money Management Support form. Staff support to develop the necessary skills for independent money management will be implemented into treatment / habilitation plans when appropriate ...." -"Residential Specific Support in Licensed Facilities: An individual may choose a reasonable amount of money to be kept in cash form in a locked area in the office. Staff will be responsible for assisting individuals with necessary withdrawals for their spending needs. The Residential Financial Record for Personal Funds will be utilized to document all cash withdrawals and deposits, with both the individual and the employee signing at the time of each transaction and receipts attached. In the case that an individual signs with a mark, two employee witnesses will be required. The Program Supervisor (Group Home Manager/QP) will balance this fund monthly with the individual. An accounting balance will be made available to the individual and/or LRP upon request."  Review on 01/14/2022 of the former Group Home Manager/Qualified Professional (QP)'s record revealed: -Hire date of 04/15/2017. -Resignation date of 12/05/2021. -Job Title of Group Home Manager/QP.  Review on 01/18/2022 of Client #1's record revealed: -No evidence of managing and maintaining records of Client #1's personal funds as required. -No evidence of the request for Money Management Agreement signed and dated by the Legally Responsible Party (LRP). -No evidence of quarterly accounting of Client #1's personal funds being provided to the guardian.	V 542		

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V 542	<p>Continued From page 62</p> <p>-No evidence of receipts for purchases, deposits or cash withdrawals for Client #1's personal funds.</p> <p>Review on 01/18/2022 of Client #2's record revealed: -No evidence of managing and maintaining records of Client #2's personal funds as required. -No evidence of the request for Money Management Agreement signed and dated by the LRP. -No evidence of quarterly accounting of Client #2's personal funds being provided to the guardian. -No evidence of receipts for purchases, deposits or cash withdrawals for Client #2's personal funds.</p> <p>Review on 01/18/2022 of Client #4's record revealed: -No evidence of managing and maintaining records of Client #4's personal funds as required. -Money Management Agreement signed and dated by the LRP and former Group Home Manager on 03/17/2021. -No evidence of the request for Money Management Agreement signed and dated by LRP. -No evidence of quarterly accounting of Client #4's personal funds being provided to the guardian. -No evidence of receipts for purchases, deposits or cash withdrawals for Client #4's personal funds.</p> <p>Review on 01/24/2022 of Client #6's record revealed: -No evidence of managing and maintaining records of Client #6's personal funds as required. -No evidence of the request for Money</p>	V 542		

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V 542	<p>Continued From page 63</p> <p>Management Agreement signed and dated by the LRP.</p> <ul style="list-style-type: none"> <li>-No evidence of quarterly accounting of Client #6's personal funds being provided to the guardian.</li> <li>-No evidence of receipts for purchases, deposits or cash withdrawals for Client #6's personal funds.</li> </ul> <p>Attempt interview on 02/04/2022 with Client #1 was unsuccessful due inability to fully understand and/or answer questions.</p> <p>Interview on 02/04/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-The current and former Group Home Manager/QP managed her personal funds.</li> <li>-Had a debit card. "I do, but it is put up. It is in the office."</li> <li>-Had access to her debit card. "Yes, as long as [Group Home Manager/QP] help me, I do...."</li> <li>-Made online purchases from [online store] for propel water and Gatorade with the help of the former Group Home Manager/QP.</li> </ul> <p>Interview on 02/04/2022 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-Did not know if the facility helped to manage her personal money.</li> <li>-Did not make online purchases.</li> <li>-"I cannot take my debit card with me when I go to the store."</li> </ul> <p>Interview on 02/04/2022 with Client #6 revealed:</p> <ul style="list-style-type: none"> <li>-The current and former Group Home Manager/QP managed her personal funds.</li> <li>-Had a debit card.</li> <li>-Debit card kept in a book. Did not know where the book was.</li> <li>-Did not make online purchases using her debit card.</li> <li>-The Group Home Manager/QP had her bank</li> </ul>	V 542		



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V 542	<p>Continued From page 64 statements.</p> <p>Interview on 01/21/2022 with the Program Coordinator revealed: -"Previously only the Group Home Manager kept track of financial information for clients. Now, the managers are required to upload client financial information on the agency's electronic data base/portal."</p> <p>Interview on 01/20/2022, 01/21/2022 and 02/03/2022 with the Residential Director revealed: -"Group Home Managers oversee the finances of clients. The expectation is that the financial information is purged every year. The information is not thrown away, put in a folder and stored in a locked file cabinet on site." -Clients should have a 3 ring binder with receipts, bank statements and budget forms, which is kept in the staff office. "We did not have receipts or bank statements for the clients." -Clients' debit cards were locked in the staff office.</p> <p>Interview on 01/11/2022 and 01/21/2022 with the Quality Management Director revealed: -The facility managed the personal funds of Client #1, #4, and #6. -"I reviewed what they found and went through old books to see if there were amazon receipts and could not find." -Clients' debit cards are kept in a box in the staff's office. -"Client financials are now placed on the main frame. We realized we have risk areas that are different due to members having more money than usual."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse,</p>	V 542	<p>The group home manager and residential director will monitor, report and follow-up on all maintenance issues on a regular basis.</p> <p>Issues that cannot be resolved at the group home and regional level will be sent to the statewide residential director an</p>	

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V 542	<p>Continued From page 65</p> <p>Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 542	<p>Resident funds management process has changed as per the guidelines attached to the plan of protection. In addition, for any resident who needs and requests assistance with money management, financial information including copies of receipts are uploaded for review on a monthly basis.</p> <p>The group home manager will monitor the maintenance of the home to ensure that needs for repairs are reported, follow-up will be completed consistently. if repairs are not completed or approved as needed the Residential Director will collaborate with the Statewide Director and VP of Business Operations to assure that the home is in good repair.</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility was not maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114). Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly, repeated on each shift and under conditions that simulate fire and disaster emergencies.</p> <p>Cross Reference: 10A NCAC 27G .0304 Facility Design and Equipment/(V746). Based on observation and interview, the facility failed to ensure all hallways, doorways, entrances, ramps, steps and corridors were kept clear and unobstructed at all times.</p> <p>Review on 01/11/2022 of Fire Marshall Inspection dated 12/29/2021 revealed:</p>	V 736		

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V 736	<p>Continued From page 66</p> <p>"Exits: Unsatisfactory Egress (s)"                      "Recommendations (s)/Requirement (s) to Correct Hazard (s)/Notes/Violation (s):"                      -"Windows can't open in bedrooms".                      -"No documentation for fire drills".                      -"No documentation for fire alarm or smoke detectors testing".                      -"Fire extinguishers require annual service".</p> <p>Review on 01/12/2022 of Emailed Correspondence from the facility's Vice President of Business Operations to the facility's Landlord dated 01/06/2022 revealed:                      -Facility had an inspection the previous week.                      -Windows were identified as a hazard that needed to be addressed right away.</p> <p>Review on 01/12/2022 of Emailed Correspondence from the facility's Landlord to the Vice President of Business Operations dated 01/06/2022 revealed:                      -Attempted to source someone for the windows since early in December 2021.                      -Sent out for a request for a backup vendor.</p> <p>Observation on 01/11/2022 from approximately 11:40 am-12:30 pm revealed the following:                      Kitchen/Dining room:                      -Two 12-24 inch brown water stains and frisbee sized area missing popcorn ceiling surface surrounded by brown water stain.                      -Fire extinguisher with no annual service or inspection.                      Bedroom #1:                      -Bottom panel would not open completely.                      Bedroom #4:                      -Window would not open completely.                      Bedroom #5:                      -Window would not open completely.                      Bedroom #6:</p>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-068</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>ELIZABETH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 ELIZABETH DRIVE DALLAS, NC 28034</b>
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V 736	<p>Continued From page 67</p> <ul style="list-style-type: none"> <li>-Bottom panel would not open completely.</li> <li>-Bed not made and clothes thrown about the floor and bed.</li> </ul> <p>Hallway:</p> <ul style="list-style-type: none"> <li>-Fire extinguisher with no annual service or inspection.</li> </ul> <p>Bathroom #1:</p> <ul style="list-style-type: none"> <li>-Jack and Jill bathroom between bedroom #1 and 2.</li> <li>-Dirty Mirror with residue and grime on surface entire mirror.</li> <li>-Toilet with fecal matter splashes inside toilet and on seat.</li> <li>-Dirt ring around bathtub.</li> </ul> <p>Bathroom #3:</p> <ul style="list-style-type: none"> <li>-Located in Client #3's bedroom.</li> <li>-Grime in and around sink area.</li> <li>-Toilet with residue and grime in bowl.</li> <li>-Dirt ring around bathtub.</li> </ul> <p>Attempt interview on 01/19/2022 and 02/04/2022 with Client #1 was unsuccessful due her inability to fully understand and/or answer questions.</p> <p>Interview on 01/19/2022 and 02/04/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Not sure how long her bedroom window did not open prior to the repair.</li> <li>-Did not remember the ceiling leak in the kitchen area.</li> </ul> <p>Interview on 01/19/2022 and 02/04/2022 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Know how to open windows in the facility.</li> <li>-Did not know how long her bedroom window did not open prior to the repair.</li> <li>-Did not know about the ceiling leak.</li> </ul> <p>Interview on 01/19/2022 and 02/04/2022 with Client #4 revealed:</p>	V 736		

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V 736	<p>Continued From page 68</p> <p>-Know how to open windows in the facility. -Did not know long the window did not open. -"I don't remember seeing a ceiling leak".</p> <p>Interview on 02/04/2022 with Client #5 revealed: -Did not know how long the window did not open prior to the repair. -"I don't know how long the paint was off the ceiling (kitchen). I didn't see no leak".</p> <p>Interview on 02/04/2022 with Client #6 revealed: -Windows didn't open for a couple of weeks. -Thought the kitchen leak was there for a couple of weeks.</p> <p>Interview on 01/19/2022 with Staff #1 revealed: -"It was brought up in a meeting before [the former Group Home Manager/QP] left that windows in client bedrooms did not open". -They were working on getting windows fixed. -"To my knowledge the windows have not been fixed". -"Last time it rained (it was the end of December), paint clips from the ceiling was on the table and floor. As far as I can remember the leak has been there for 6 months to a year. I informed [the former Group Home Manager/QP] and she said they would fix it".</p> <p>Interview on 01/11/2022 and 01/19/2022 with Staff #2 revealed: -Not sure why the windows in the clients' bedrooms would not open. -Felt clients would not be able to exit the home if there was a fire. -Not sure why Client #3's bathroom was dirty since no one should be using it. -Client #2 and #4, took turns cleaning their bathroom. She (Staff #2) usually checked behind them to ensure the bathroom was cleaned.</p>	V 736		

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V 736	<p>Continued From page 69</p> <p>-To her knowledge the windows in clients' bedrooms now open.</p> <p>-Did a drill on 01/13/2021 (Thursday) to see if members could exit the home through their bedroom window.</p> <p>-From the drill, it was determined that 3 members need assistance with opening their windows to exit in the event of a fire.</p> <p>-Did not notice the ceiling leak in the kitchen until this surveyor pointed it out.</p> <p>Interview on 01/21/2022 with the Program Coordinator revealed:</p> <p>-The former Group Home Manager/QP was supposed to complete a work order for maintenance for the kitchen ceiling leak.</p> <p>-"The house is rented and [Vice President of Business Operations] is working with the owner to get repairs completed".</p> <p>-Had a male from another facility to attempt to open the bedroom windows.</p> <p>Interview on 01/20/2022 with the Residential Director revealed:</p> <p>-Made aware of the fire marshal inspection and indication of windows not opening the day he came out. "The windows now open and will eventually be replaced."</p> <p>-Got to check on the status of the ceiling leak.</p> <p>Interview on 01/21/2022 with the Quality Management Director revealed:</p> <p>-Did not handle repairs to the facility.</p> <p>-Was present when the Fire Marshall came to the facility.</p> <p>-Informed the Vice President of Operations of the facility's need for window repairs.</p> <p>Review on 01/12/2022 of the Plan of Protection (POP) dated and signed by the Residential</p>	V 736		

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V 736	<p>Continued From page 70</p> <p>Director on 01/12/2022 revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "There will be a General Contractor coming to the Elizabeth Group Home today (01/12/2022) to assess all the windows for repair/replacement. If the windows cannot be repaired to working condition today, the residents will be transported to a hotel until all the windows are in working condition." -"Describe your plans to make sure the above happens". "The Regional Director will remain at the facility today, January 12, 2022 to assure that either the windows are working sufficiently and approved by the DHRS reviewer or specific arrangements for hotel/staff accommodations are made."</p> <p>Review on 01/12/2022 of the Addendum to the Plan of Protection (POP) undated and unsigned by the Quality Management Director revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "1. General contractor came on 1/12/22 to assist with making sure that windows could be opened. 2. One resident room was unavailable as she is on therapeutic leave, however there is a door to the outside in that room for egress in case of fire. 3. The residential director and coordinator worked with each resident to determine which residents are capable of opening their own window for egress in case of fire. 4. A memo to staff provides specific direction on the residents that not capable of opening their windows in case of a fire. Each resident door will be marked with a sticker to indicate their need for assistance in opening their window. 5. Fire drills will be conducted on both shifts by 5 pm Friday, January 14 to demonstrate our ability to safely evacuate all residents in a timely</p>	V 736		

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V 736	Continued From page 71  manner. The Quality Management Director for residential services will review documentation of both fire drills." -Describe your plans to make sure the above happens. "1. The statewide[ Residential Director], [Residential Director], and Quality Management Director will meet to review this internal process, problem solve any presenting issues and review all documentation of compliance to this plan before 5 pm tomorrow, January 13, 2022. 2. Updates will be provided to [VP Financial Operations] and [Chief Compliance Officer] by end of business January 14, 2022."  Review on 01/13/2022 of the Addendum to the Plan of Protection (POP) dated and signed by the Residential Director on 01/13/2022 revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "To ensure that all windows will properly open & that residents can open the windows." -Describe your plans to make sure the above happens. "1. General contractor came on 01/12/2022 to assist with making sure that bottom windows could be opened & he put in screws in the framework to ensure that the top window would not fall when the bottom window was opened. 2. The residential director and coordinator worked with each resident to determine which residents are capable of opening their own window for egress in case of fire. Residents practiced opening windows, and demonstrated their ability to get out of a window. 3. Each resident door is marked with a sticker to indicate their need for assistance in opening their window, appropriately responding to fire alarms, or assistance with egress in any way."	V 736		



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V 736	<p>Continued From page 72</p> <p>Review on 01/13/2022 of the Addendum to the Plan of Protection (POP) dated and signed by the Residential Director on 01/13/2022 revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "1. Staff called the contractor on 01/12/2022 and he responded that he would come out by 1pm. 2. Staff and residents were instructed on alternate emergency routes and staff were formally trained on which residents need assistance with opening their window in case of an emergency." -Describe your plans to make sure the above happens. "1. General contractor came on 01/12/2022 to assist with making sure that bottom windows could be opened &amp; he put in screws in the framework to ensure that the top window would not fall when the bottom window was opened. 2. The residential director and coordinator worked with each resident to determine which residents are capable of opening their own window for egress in case of fire. Residents practiced opening windows, and demonstrated their ability to get out of a window. 3. Each resident door is marked with a sticker to indicate their need for assistance in opening their window, appropriately responding to fire alarms, or assistance with egress in any way."</p> <p>Review on 01/13/2022 of the Addendum to the Plan of Protection (POP) dated and signed by the Residential Director on 01/13/2022 revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "1. Staff called the contractor on 01/12/2022 and he responded that he would come out by 1pm. 2. The contractor came out and respired all windows, which are now all operable. Relocation is not necessary because all windows are operable."</p>	V 736		

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V 736	<p>Continued From page 73</p> <p>-Describe your plans to make sure the above happens.</p> <p>"1. General contractor came on 01/12/2022 to assist with making sure that bottom windows could be opened &amp; he put in screws in the framework to ensure that the top window would not fall when the bottom window was opened.</p> <p>2. The residential director and coordinator worked with each resident to determine which residents are capable of opening their own window for egress in case of fire. Residents practiced opening windows, and demonstrated their ability to get out of a window.</p> <p>3. Each resident door is marked with a sticker to indicate their need for assistance in opening their window, appropriately responding to fire alarms, or assistance with egress in any way."</p> <p>The facility had 6 female clients, all with IDD diagnoses ranging from Mild to Moderate. Client # 2, #4, and # 6's bedroom windows would not open, Client #1's bedroom opened partially from the top panel and the hallway leading to an exit door was obstructed with clutter. The Fire Marshall inspection form dated 12/29/2021 and emailed interoffice correspondence supports the Licensee's knowledge of the bedroom window hazards at least two weeks prior to survey entrance and neglected to immediately correct. As a result, the immediate evacuation or exit of the facility during a fire or any other emergency through Client #1. #2, #4, and #6's bedroom windows and the hallway exit door would have been prevented. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out</p>	V 736		

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V 736	Continued From page 74 of compliance beyond the 23rd day.	V 736		
V 746	<p>27G .0304(b)(1) Unobstructed Doors, Stairs, Corridors</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all hallways, doorways, entrances, ramps, steps and corridors were kept clear and unobstructed at all times. The findings are:</p> <p>Observation on 01/11/2022 at 11:40 am of the facility revealed:</p> <ul style="list-style-type: none"> <li>-Long hallway with client bedrooms (Client #1, # 3, and #6) and bathroom leading to an exit door to the side of the facility.</li> <li>-On the left wall of the long hallway between the Client #1 and #6 bedrooms was a white cylinder shaped rolling rack, brown box, and trash bag filled with items.</li> <li>-On the right wall of the long hallway beside Client #3's bedroom and in front of Client #1's bedroom were dresser drawers and multiple rectangle shaped wooden panels.</li> </ul> <p>Attempt interview on 01/19/2022 with Client #1</p>	V 746	<p>Group home manager will monitor the hallways to ensure that they are consistently clear and unobstructed at all times.</p>	

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V 746	<p>Continued From page 75</p> <p>was unsuccessful due her inability to fully understand and/or answer questions.</p> <p>Interview on 02/04/2022 with Client #2 revealed: -Did not know how long items were in the hallway.</p> <p>Interview on 02/04/2022 with Client #3 revealed: -Did not remember the items in the hallway.</p> <p>Interview on 02/04/2022 with Client #4 revealed: -" I don't remember seeing items in the hallway".</p> <p>Interview on 02/04/2022 with Client #5 revealed: -Didn't know how long items were in the hallway.</p> <p>Interview on 02/04/2022 with Client #6 revealed: -Items were in the hallway for a few days.</p> <p>Interview on 01/19/2022 with Staff #1 revealed: -"They were putting things in the hallway to move it out because they were making changes to facility; like moving office out of the client's bedroom". -"It (items in hallway) was there for a couple of days to my knowledge".</p> <p>Interview on 01/19/2022 with Staff #2 revealed: -" I think it was old furniture that they moved out from somewhere and it was left there (hallway). Items were in the hallway when I started to fill in there (late November or early December 2021)".</p> <p>Interview on 01/21/2022 with the Program Coordinator revealed: -"I don't know why the items were in the hall or how long they were there. The items have been moved out of the hallway".</p> <p>Interview on 01/20/2022 with the Residential Director revealed:</p>	V 746		

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V 746	Continued From page 76  -Not sure about items in the hallway.  Interview on 01/21/2022 with the Quality Management Director revealed: -"I don't know why items were left in the hallway".  This deficiency is cross referenced into 10A NCAC 27G .0303 Location and Exterior Requirements (V736) for a Type A1 rule violation for Neglect and must be corrected within 23 days.	V 746		

# easterseals UCP

5171 Glenwood Ave. Suite 400, Raleigh, NC 27612

February 25, 2022

Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2705

RE: MHL 036-068

Dear Michelle Elliott,

Attached please find the Corrective Action noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation- Mental Health Licensure & Certification Section Section Biennial Survey on February 4, 2022 at the Easter Seals UCP Elizabeth Group Home. I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Tomeka Savage by phone at (252) 373-8135 or through e-mail at [tomeka.savage@eastersealsucp.com](mailto:tomeka.savage@eastersealsucp.com).

Respectfully submitted,



Tomeka Savage-Pierce, BSQP  
Residential Senior Director  
Easter Seals UCP North Carolina & Virginia, Inc.

