STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-203	A. BUILDING: _____ B. WING _____	04/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL WINGS GROUP HOME	7004 SUMMITT DRIVE GOLDSBORO, NC 27530

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V 000	INITIAL COMMENTS An annual survey was completed on April 1, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

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V 107	Continued From page 1 (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have complete personnel records for 1 of 3 audited staff (Qualified Professional (QP). The findings are: Review on 3/30/22 of the facility's records revealed: -No personnel record for the QP. -No evidence of a written job description for the QP position. -No evidence of education, competency, work experience or other qualifications for the position. Attempted interview on 4/1/22 with the QP was unsuccessful. A voicemail message was left, and	V 107		

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V 107	Continued From page 2 a return call was requested. Interview on 3/30/22 - 4/1/22 the Director stated: -He hired the QP about a year ago. -The QP had worked with the facility prior to becoming the QP. -He had attempted to contact with the QP but was unsuccessful. -He had not had a personnel file for the QP. Interview on 3/30/22 - 4/1/22 the Licensee stated: -She had attempted to contact the QP several times. -She was unable to contact with the QP during survey.	V 107		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;	V 110		

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V 110	Continued From page 3 (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure 2 of 2 audited paraprofessional staff (Director and Licensee) were supervised by a Qualified Professional (QP). The findings are: Review on 3/30/22 of the facility's records revealed: -No personnel record for the QP. -No evidence of a signed job description for the QP. -No evidence the paraprofessional staff were supervised by a QP. Interview on 3/30/22 the Director stated: -The QP was a Registered Nurse. -The QP had worked with the facility for a while. -The QP worked for the facility as the QP for the past year. -The QP completed recent trainings with the staff. Interview on 3/30/22 - 4/1/22 the Licensee stated: -The QP supervised the paraprofessional staff. -The QP visited the facility quarterly.	V 110		

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V 112	Continued From page 4	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews the failed to obtain written consent or agreement for the treatment/habilitation or service plan by the legally	V 112		

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V 112	Continued From page 5 responsible person for 2 or 3 clients (#2, #3). The findings are: Finding #1 Review on 3/30/22 of client #2's record revealed: -49 year old female. -Admitted on 7/24/12. -Diagnoses of Chronic Schizophrenia Paranoid Type, Obesity History of Factor V deficiency and Stress Related to Chronic Mental Illness. Review on 3/30/22 of client #2's treatment plan dated 7/15/21 revealed: -No evidence the current plan was completed in agreement with the legal guardian. Interview on 3/30/22 client #2 stated: -Her mother was her legal guardian. Finding #2 Review on 3/30/22 of client #3's record revealed: -33 year old female. -Admitted on 7/10/08. -Diagnoses of Schizophrenia Disorder, Bipolar Disorder, Mild Intellectual Disability and Anti-Social Personality Disorder. Review on 3/30/22 of client #3's treatment plan dated 7/15/21 revealed: -No evidence the current plan was completed in agreement with the legal guardian. Interview on 3/30/22 client #3 stated: -She had a legal guardian. -She could not remember her legal guardian's name. Interview on 3/30/22 the Director stated: -Client #2's guardian was her mother. -Client #3's guardian was a local Department of	V 112		

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V 112	Continued From page 6 Social Services. -The guardians had not signed the clients' treatment plans. -Client #2's guardian had not visited the facility since Coronavirus-19. -Client #3's guardian visited the facility quarterly. -Client #3's guardian received a copy of the treatment plan from the physician.	V 112		