



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Latasha Grantt	Jeannette Barnett
COMPANY:	DATE:
NC DHHS	2/25/2022
FAX NUMBER:	TOTAL NO. OF PAGES, INCLUDING COVER:
(919) 715-8078	
PHONE NUMBER:	PARADIGM'S FAX NUMBER:
	252-561-7455
RE:	PARADIGM'S PHONE NUMBER:
PDC	252-561-8112

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Original will be placed in mail. Thank you!

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PRINTED: 02/15/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/28/2022
NAME OF PROVIDER OR SUPPLIER PARADIGM VI		STREET ADDRESS, CITY, STATE, ZIP CODE 4558 REEDY BRANCH ROAD WINTERVILLE, NC 28590		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on January 28, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	V 000		
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 interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 1/28/22 of the facility's fire and disaster drill documentation revealed:	V 114	For tag V114-Paradigm, Inc. has begun implementing and revising the current fire and safety drill schedule to reflect that this home has five distinct shifts and that each shift will have a drill completed at least once each quarter. This has been reviewed with the home manager to ensure continued compliance with regard fire and safety drills.	2/1/2022

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

697P11

If continuation sheet 1 of 8

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V 114	Continued From page 1 -No fire drill documented for 2nd shift for the 4th quarter October 2021 - December 2021. -No disaster drill documented for 2nd shift for the 1st quarter January 2021 - March 2021. -No disaster drill documented for 2nd shift for the 4th quarter October 2021 - December 2021. During interview on 1/28/22 the Qualified Professional stated: -The facility operated with three weekday shifts: - 1st 7:00 am - 3:00 pm; 7:30 am- 3:30pm; 8:00am - 4:00pm; 7:00am - 7:00pm - 2nd 3:00 pm - 11:00 pm; 7:00pm - 7:00am - 3rd 11:00 pm - 7:00 am -Weekend staff worked 12 hour shifts: 7:00 am - 7:00 pm, and 7:00 pm - 7:00 am. -Fire and disaster drills were held monthly on all shifts. -She understood that fire and disaster drills were held quarterly and repeated on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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,	V 118	For tag V118, the orders have been clarified and reviews have been completed to reflect an understanding of daily medications and medications listed as "as needed or PRN" medicines. House manager will continue to review MARs daily to ensure that all medication has been administered and any errors corrected and any missed medications documented will be documented along with documentation (incident reports) completed and communication made with the appropriate medical professionals with regard to missed medications and documented as well. Staff will continue to follow policy and procedure for medication administration at all times.	2/4/2022

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V 118	<p>Continued From page 2</p> <p>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:</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and observations the facility failed to administer medications as ordered by a physician and to keep MARs current affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/27/22 of client #1's record revealed: -52 year old male -Admitted 3/11/69. -Diagnoses included Intellectual/Developmental Disability- Profound, Psychotic Disorder and Seizure Disorder. - Physician's orders signed and dated 11/19/21 for: Milk of magnesia suspension (constipation) 30</p>	V 118			

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V 118	Continued From page 3 milliliters (ml) at bedtime at 8:00pm. Review on 1/27/22 of client #1's MAR for November 2021 and January 2022 revealed: -No documentation for milk of magnesia 30 ml for November 1, 2021 - November 30, 2021. -No documentation for milk of magnesia 30 ml for January 1, 2022 - January 31, 2022. -No documentation of reasons why the milk of magnesia was missed. Interview on 1/27/22 - 1/28/22 the Qualified Professional stated: -She did not know why client #1 had not received the milk of magnesia. -She would discuss the medication with the physician. -She understand medications were to be administered as ordered.	V 118			
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by:	V 123	For tag V123, we have obtained clarification from the physician that the orders are for daily administration and not PRN, which may have been confusing to staff as his previous order did state PRN. The house manager has been counselled on their duties such as checking the MAR daily upon reporting to work to ensure there are no errors to ensure that all medications have been signed off on if administered and that an explanation with a signature has been provided on the back to ensure compliance with agency policy and procedure.		2/1/22

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V 123	<p>Continued From page 4</p> <p>Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors and documented refusals affecting 1 of 3 clients audited (#1). The findings are:</p> <p>Finding #1: Review on 1/27/22 of client #1's record revealed: -52 year old male -Admitted 3/14/14. -Diagnoses included Intellectual/Developmental Disability- Profound, Psychotic Disorder and Seizure Disorder. - Physician's orders signed and dated 11/19/21 for: Milk of magnesia suspension (constipation) 30 milliliters (ml) at bedtime at 8:00pm. -There was no documentation a pharmacist or the client's physician had been notified immediately when a medication had been missed.</p> <p>Review on 1/27/22 of client #1's MAR for November 2021 and January 2022 revealed: -No documentation for milk of magnesia 30 ml for November 1, 2021 - November 30, 2021. -No documentation for milk of magnesia 30 ml for January 1, 2022 - January 31, 2022. -No documentation of reasons why the milk of magnesia was not given. -No documented refusals.</p> <p>Attempted interview on 1/27/22 with client #1 was unsuccessful due to his diagnoses.</p> <p>Interview on 1/27/22 - 1/28/22 the Qualified Professional stated: -She had not contacted the prescribing physician or pharmacist regarding client #1 not receiving</p>	V 123		

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V 123	Continued From page 5 the milk of magnesia. -Client #1 had not refused the milk of magnesia medication. -She did not know why client #1's November 2021 and January 2022 MAR for the milk of magnesia had not been documented. -She would discuss the medication with the physician. -She understand medications were to be administered as ordered.	V 123			
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/27/22 at approximately 10:20am revealed: -In client #5 and client #6's bedroom, client #5's box spring had a hole on the right side that was approximately 2 1/2 inches in size and her 7 drawer chest was missing the 3rd and 4th handles from the drawers; client #6 had a 6 drawer dresser that was missing the handle on the 3rd drawer on the right side. -The bathroom inside client #5 and client #6's	V 736			

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V 736	Continued From page 6 bedroom had a thick black residue inside the shower along the door, the shoe molding outside of the shower on the floor was discolored and separated from the shower; the shower door had a black residue on the outside of the door; molding at the ceiling of the shower separated from wall and the sink had a crack in the base that was approximately 12 inches long. -A cracked wall receptacle cover behind the couch in the living room; long dark scrapes on the wall by the window in the living room and the window sill behind the couch was dusty and had dead bugs. -A wall receptacle cover by the door in the kitchen was cracked. -Client #2 had a light fixture had spider on the outside and inside of the and spider webs along the ceiling of his bedroom. -Client #1 had heavy dust on the floor behind his 5 drawer dresser and on top of the dresser, dark marks along the right side of the wall and heavy dust and dirt under his bed in his bedroom. -Client #3's five drawer chest was missing a knob on the 1st drawer. -Client #4's 5 drawer chest was missing a knob on the right side and the window sill by his bed had a black residue in it. -Client #3 and #4's bathroom had a 3 bulb light fixture with 2 bulbs not working; paint was chipping on the cabinet door under the sink; the shower curtain rod was rusty. -The hall bathroom had a mat in the tub that was discolored with dark stains; an approximately 3 inch hole on the back side of the bathroom door; the return air vent had heavy dust and there were two 4 light fixtures that had 2 lights not working in each.	V 736			

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V 736	Continued From page 7 During interview on 09/01/21 the Program Manager revealed: -The sister facility had been remodeled and a lot of work had been completed. -The Licensee was doing one house at a time and the facility needed a lot of updating due to being an older home. -The updates for the facility should begin soon. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	Tag V136- The following issues have been resolved: -Box spring has been replaced as of 2/21/2022 -All drawer handles have been replaced on all dresser drawers and knobs as of 2/20/2022 -The residue has been cleaned for the shower located in client #5 and #6 bathroom. The shoe molding has been replaced as well as of 2/20/2022 -Sink top base in the same bathroom has been replaced as of 2/21/2022 -All receptacle covers have been inspected and replaced as needed as of 2/21/2022. -Dust has been removed from the floors, behind the dressers in all bedrooms. Dust has been removed from the vent as well. Dust has been removed from window sills as of 2/21/2022. -All light bulbs have been replaced and are in working order as of 2/23/2022. -Shower curtain rod and all bath mats will be replaced by 2/24/2022. -Spider webs, dead bugs, cobwebs, dirt, have been remove/cleaned from all areas of the home as of 2/21/2022 -Hole in bathroom door has been repaired as of 2/21/2022	2/28/2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 16, 2022

Ms. Jeannette Barnett, Program Manager
Paradigm, Inc.
P O Box 31091
Greenville, NC 27833

Re: Annual and Follow Up Survey completed January 28, 2022
Paradigm VI, 4558 Reedy Branch Road, Winterville, NC, 28590
MHL # 074-246
E-mail Address: jbarnett@paradigmnc.org

Dear Ms. Barnett:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed January 28, 2022.

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

Type of Deficiencies Found

- Re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is February 27, 2022.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 29, 2022.

What to include in the Plan of Correction

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

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

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

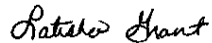
February 16, 2022
Paradigm VI
Ms. Jeannette Barnett

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

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Gloria Locklear, Team Leader at (910) 214-0350.

Sincerely,



Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant