

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on April 7, 2022. The complaint was unsubstantiated (intake #NC 00187700). Deficiencies were cited.</p> <p>This facility is licensed for the following services category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>Review 04/06/22 of facility records for 2022 revealed:</p> <ul style="list-style-type: none"> <li>- No 3rd shift fire drill for the 1st quarter of 2022.</li> <li>- No 3rd shift disaster drill for the 1st quarter of 2022.</li> </ul> <p>Interview on 04/05/22 client #3 stated:</p> <ul style="list-style-type: none"> <li>- He had resided at the facility for 4 months.</li> <li>- He had not participated in a fire or disaster drill at the facility.</li> </ul> <p>Interview on 04/06/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- 1st shift was 7am to 3pm.</li> <li>- 2nd shift was 3pm to 11pm.</li> <li>- 3rd shift was 11pm to 7am.</li> </ul> <p>Interview on 04/07/22 the Qualified professional stated:</p> <ul style="list-style-type: none"> <li>- The facility staff should be completing fire and disaster drills on each shift every quarter.</li> <li>- She would follow up on the drills at the facility.</li> </ul>	V 114		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident</li> </ul>	V 132		

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V 132	<p>Continued From page 2</p> <p>in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) and failed to submit the results of all investigations within five working days of the initial notification to the Department. The findings are:</p>	V 132		

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V 132	<p>Continued From page 3</p> <p>Review on 04/07/22 of facility records for January 2022 thru present revealed no documentation the HCPR had been notified of an allegation of abuse against the House Manager nor an investigation of the allegation.</p> <p>Review on 04/06/22 and 04/07/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 12 year old male.</li> <li>- Admission date of 12/30/21.</li> <li>- Diagnoses of Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder (DMDD), Intellectual Developmental Disability (IDD) and Attention Deficit Hyperactivity Disorder (ADHD).</li> </ul> <p>Review on 04/06/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 15 year old male.</li> <li>- Admission date of 05/18/21.</li> <li>- Diagnoses of DMDD, ADHD-Combined Type, PICA and Mild IDD.</li> </ul> <p>Review on 04/06/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old male.</li> <li>- Admission date of 10/28/21.</li> <li>- Diagnoses of Prader-Willi Syndrome and Mild IDD.</li> </ul> <p>Interview on 04/06/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- A local Department of Social Services (DSS) worker had visited the facility last week regarding an allegation of abuse.</li> <li>- The DSS staff stated there was an allegation he had hit the clients and grabbed them by the nose.</li> <li>- The DSS staff also stated there was allegation he did not feed the clients and ate in front of them.</li> </ul>	V 132		

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V 132	Continued From page 4  Interview on 04/07/22 the Qualified Professional (QP) stated: - She was notified that a DSS representative had visited the facility last week regarding clients not being fed and staff eating in front of clients. - She was not aware an allegation of abuse was made against the House Manager. - The House Manager did not inform her of the allegation of abuse against him. - She was aware all allegations of abuse had to be submitted to the HCPR and an investigation needed to be completed.	V 132		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	<p>Continued From page 5</p> <p>diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by:</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>Based on record reviews and interviews, the facility failed to operate within its scope for one of three clients (#1). The findings are:</p> <p>Review on 04/06/22 of facility records revealed:</p> <ul style="list-style-type: none"> <li>- 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</li> <li>- Capacity of 3 clients.</li> <li>- No current license for respite beds.</li> </ul> <p>Review on 04/06/22 and 04/07/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 12 year old male.</li> <li>- Admission date of 12/30/21.</li> <li>- Diagnoses of Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder, Intellectual Developmental Disability and Attention Deficit Hyperactivity Disorder.</li> </ul> <p>Review on 04/07/22 of client #1's Person Centered Plan completed 01/07/22 revealed:</p> <ul style="list-style-type: none"> <li>- Updated on 01/26/22 and 02/25/22.</li> <li>- "What's working [Local county] DSS (Department of Social Services) has obtained guardianship to advocate for [Client #1] and ensure he maintain healthy and that his needs are met. [Client #1] is currently placed in respite care."</li> <li>- Goal: "1. I will receive respite services daily to ensure my health and safety daily over the next 90 days."</li> </ul> <p>Review on 04/06/22 of a facility progress sheet for client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "Service Type: Respite Services."</li> <li>- Goals: "I will receive respite services daily to ensure my health and safety daily over the next 90 days."</li> </ul> <p>Interview on staff #1 stated:</p>	V 289		

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V 289	Continued From page 7  - Client #1 was receiving respite services at the facility. - She understood the facility no longer had a license for respite services.  Interview on 04/07/22 the Qualified Professional stated: - Client #1 was receiving respite services. - She understood the facility did not have a current license to provide respite care. - She would follow up on client #1's residential status.	V 289		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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 means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		



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V 367	<p>Continued From page 8</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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 or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>include summary information as follows:</p> <ul style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ul> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 04/07/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level II incident reports for client #3's behavior which required law enforcement involvement in February 2022 and an allegation of abuse against the House Manager.</p> <p>Review on 04/06/22 and 04/07/22 of client #1's record revealed:</p>	V 367		

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V 367	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- 12 year old male.</li> <li>- Admission date of 12/30/21.</li> <li>- Diagnoses of Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder (DMDD), Intellectual Developmental Disability (IDD) and Attention Deficit Hyperactivity Disorder (ADHD).</li> </ul> <p>Review on 04/06/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 15 year old male.</li> <li>- Admission date of 05/18/21.</li> <li>- Diagnoses of DMDD, ADHD-Combined Type, PICA and Mild IDD.</li> </ul> <p>Review on 04/06/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old male.</li> <li>- Admission date of 10/28/21.</li> <li>- Diagnoses of Prader-Willi Syndrome and Mild IDD.</li> </ul> <p>Interview on 04/06/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- A local Department of Social Services (DSS) worker had visited the facility last week regarding an allegation of abuse.</li> <li>- The DSS staff stated there was an allegation he had hit the clients and grabbed them by the nose.</li> <li>- The DSS staff also stated there was allegation he did not feed the clients and ate in front of them.</li> <li>- In February 2022 client #3 had walked off from the facility.</li> <li>- Client #3 had been looking thru cars in the neighborhood.</li> <li>- The police had been called in February 2022 due to client #3's behavior.</li> </ul> <p>Interview on 04/07/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>- She was notified that a DSS representative had</li> </ul>	V 367		

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V 367	Continued From page 11  visited the facility last week regarding clients not being fed and staff eating in front of clients. - She was not aware an allegation of abuse was made against the House Manager. - She was not aware the police had to be called in February 2022 for client #3's behavior. - She was aware all allegations of abuse and client behavior which required a report to law enforcement needed to be documented in IRIS. - She had not documented the information for the two above incidents in IRIS to be reported to the LME.	V 367		