STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 000	INITIAL COMMENTS A revisit was conducted on 10/19/2021 for all previous deficiencies cited on 8/24/2021. All deficiencies cited 8/24/21 have been corrected. New non-compliance was identified with a complaint investigation also conducted 10/19/21. Intake #NC00182308	W 000		
W 122	CLIENT PROTECTIONS CFR(s): 483.420(a) The facility must ensure the rights of all clients. Therefore the facility must This CONDITION is not met as evidenced by: The facility failed to ensure implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients (W149); failed to ensure that all allegations of neglect and abuse were reported immediately to administration (W153); failed to provide evidence that all alleged violations were thoroughly investigated (W154); failed to implement sufficient client protection measures after becoming aware of abuse allegations and after an investigation was in process (W155); and show evidence of appropriate corrective action for verified violations (W157). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated client protections.	W 122	W122 A formal investigation was completed by the units Quality Assurance Specialist. The clinical team will complete visits to the home two times per week for a period of 30 days to monitor client needs and staff interactions. All staff will be trained and in-serviced on timely incident reporting, abuse/neglect/exploitation, quality of life, behavior support plans, and documentation requirements. The team will complete Interdisciplinary Team Training which incorporates training on investigations. In the future, the Qualified Professional will ensure all allegations of abuse/neglect/exploitation are investigated thoroughly by completing formal investigations and making all necessary notifications.	
W 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by:	W 149	W149 Cross reference W122	

RECEIVED
NOV 12 2021
DHSR-MH Licensure Sect

SCANNED
NOV 12 2021
MHL & C Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Audrey Wesley | TITLE: QIDP | (X6) DATE: 11/8/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 149	Continued From page 1 Based on staff interview, record review and document review, the facility failed to implement policies and procedures to prevent neglect by not ensuring procedures to assure client safety for 1 of 1 sampled client (#2). The finding is: Review on 10/19/21 of an internal inquiry dated 10/13/21 and completed 10/14/21 revealed the qualified intellectual disabilities professional (QIDP) to inquire about an allegation reported by the guardian of client #2. Continued review of the QIDP's inquiry revealed on 10/13/21 the guardian of client #2 contacted the QIDP and reported that client #2 had alleged staff A had pushed the client. Further review of the internal inquiry revealed the QIDP to interview staff A and staff B only. Review of the interview by the QIDP with staff A on 10/13/21 revealed on 10/12/21 client #2 engaged in a verbal altercation with another client and staff A intervened and placed her hand on client #2's shoulder and requested the client to calm down. Interview with staff A also revealed client #2 reported to staff B that staff A had pushed her; Staff A asked client #2 why she told staff B that she was pushed and client #2 apologized and said she would do better. Review of the interview by the QIDP with staff B on 10/13/21 revealed the staff to report she was in the medication room and did not see any interaction between staff A and client #2 relative to the allegation of client #2. Further review of the internal inquiry revealed no additional staff interviews, no interview with client #2, no body check or evaluation by nursing services of client #2, no protection of clients with removal of any staff during the inquiry and no	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 149	Continued From page 2 recommended actions relative to staff based on findings from the internal inquiry. Review of records for client #2 revealed a diagnosis history of moderate intellectual disability and chronic anxiety. Continued review of records for client #2 revealed a habilitation plan dated 3/22/21 with a behavior support plan for target behaviors of crying, skin picking and food stuffing. Interview with client #2 on 10/19/21 at the group home revealed the client to report last week staff A had pushed her on her back and closed her door "loud". Continued interview with client #2 revealed she had reported the incident to her sister and to her guardian. Further interview with client #2 revealed the client to allege staff A had also pushed client #1 on the back. Subsequent interview with client #2 revealed the client to state "staff B gets mad at me and won't let me lay on my bed. If I lay down she tells me to get up". It should be noted client #2 was unable to provide a timeframe with allegations other than "last week". Interview with staff C on 10/19/21 at the group home revealed staff to report during the previous week, when she came to work client #2 was crying in her bedroom and reported staff A would not let her load the dishwasher and "I hope she gets fired". Continued interview with staff C revealed the staff to report client #2 was upset and also reported other information that she could not understand. Subsequent interview with staff C revealed she did not report concerns about client #2's report to administration because she was not sure what client #2 was really upset about. Staff C further revealed it is common for client #2 to get upset with redirection although	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 149	Continued From page 3 she had never experienced the client to make statements such as "I hope she gets fired". Review of the facility abuse, neglect and exploitation policies and procedures on 10/19/21 revealed the definition of "neglect" included the statement "failure to provide services and supports necessary to protect a person from serious physical and/or psychological harm". Continued review of the facility abuse, neglect and exploitation policies and procedures revealed a section specific to investigations (102.058). Review of investigation procedures revealed the investigator will determine if the staff member alleged to have committed the act of abuse should be suspended immediately for the duration of the investigation, or if clinical supervision is needed in lieu of suspension, and take appropriate action to assure the safey of the people involved. Interview with the QIDP on 10/19/21 verified she had not interviewed client #2 during the 10/13/21 inquiry as she did not think about it. Interview with the QIDP also verified client #2 was the only verbal client in the group home and did not have a history of making false statements, telling untruths or reporting false allegations against staff. Continued interview with the QIDP revealed she had only interviewed staff A and B during the inquiry as they were the only staff on shift at the time of the reported allegation by client #2. Interview with the QIDP also verified behavior reports, incident reports nor any other documentation had not been used to conduct the inquiry into client #2's allegation against staff A. Further interview with the QIDP verified there had been no body check of client #2 after the alleged	W 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 149	Continued From page 4 incident, no removal of staff during the inquiry and no increased clinical monitoring. Subsequent interview with the QIDP verified with the conclusion of the internal inquiry the only recommended action was to support client #2 with a psych appointment to discuss coping skills with frustrations due to the client making reports to her sister that result in complaints to the guardian. Interview with the facility administrator on 10/19/21 revealed an inquiry is usually conducted with an allegation to determine if a more formal investigation is needed. Continued interview with the facility administrator revealed a formal investigation had not been conducted with client #2's allegation as the findings from the inquiry had not determined an investigation to be necessary. Interview with the facility administrator further verified she was unaware of the lack of thoroughness conducted with the initial inquiry and a formal investigation should have been conducted to ensure client protections from abuse.	W 149		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on review of facility records and interviews, the facility failed to ensure an allegation of abuse for 1 of 1 sampled client (#2) was reported immediately to facility	W 153	W 153 Cross reference W122	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 153	Continued From page 5 administration. The finding is: Observation in the group home on 10/19/21 at 2:15 PM revealed client #2 to sit in her room looking at a coloring book and watching television. Continued observation revealed client #2 to invite the surveyor into her bedroom. Interview with client #2 revealed the client to report last week staff A had pushed her on her back and closed her door "loud". Continued interview with client #2 revealed she had reported the incident to her sister and to her guardian. Further interview with client #2 revealed the client to allege staff A had also pushed client #1 on the back. Subsequent interview with client #2 revealed the client to state "staff B gets mad at me and won't let me lay on my bed. If I lay down she tells me to get up". It should be noted client #2 was unable to provide a timeframe with allegations other than "last week". Interview with staff C on 10/19/21 at the group home revealed staff to report during the previous week, when she came to work client #2 was crying in her bedroom and reported staff A would not let her load the dishwasher and "I hope she gets fired". Continued interview with staff C revealed the staff to report client #2 was upset and also reported other information that she could not understand. Subsequent interview with staff C revealed she did not report concerns about client #2's report to administration because she was not sure what client #2 was really upset about. Staff C further revealed it is common for client #2 to get upset with redirection although she had never experienced the client to make statements such as "I hope she gets fired". Review on 10/19/21 of an internal inquiry dated	W 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 153	Continued From page 6 10/13/21 and completed 10/14/21 revealed the qualified intellectual disabilities professional (QIDP) to inquire about an allegation reported by the guardian of client #2. Continued review of the QIDP's inquiry revealed on 10/13/21 the guardian of client #2 contacted the QIDP and reported that client #2 had alleged staff A had pushed the client. Further review of the internal inquiry revealed the QIDP to interview staff A and staff B. Review of notes by the QIDP during interview with staff A revealed the staff to report (on 10/13/21) client #2 told staff B that staff A pushed her and staff A asked the client why she reported she was pushed and the client apologized and said she was going to do better. Interview with the QIDP on 10/19/21 revealed she did not interview client #2 during the 10/13/21 inquiry. Continued interview with the QIDP verified staff B should have reported client #2's allegation to administration. Further interview with the QIDP revealed no corrective action had occurred relative to the reporting of abuse despite a confirmed interview that client #2 had alleged staff A had pushed her and staff had not reported the allegation. Additional interview with the QIDP verified she had not interviewed any additional staff during the inquiry other than staff A and B.	W 153		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of facility records and interview, the facility failed to provide evidence an allegation of abuse was thoroughly investigated for 1 of 1 sampled clients (#2). The finding is:	W 154	W154 Cross reference W122	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 154	Continued From page 7 Review on 10/19/21 of an internal inquiry dated 10/13/21 and completed 10/14/21 revealed the qualified intellectual disabilities professional (QIDP) to inquire about an allegation reported by the guardian of client #2. Continued review of the QIDP's inquiry revealed on 10/13/21 the guardian of client #2 contacted the QIDP and reported that client #2 had alleged staff A had pushed the client. Further review of the internal inquiry revealed the QIDP to interview staff A and staff B only. Review of the interview by the QIDP with staff A on 10/13/21 revealed on 10/12/21 client #2 engaged in a verbal altercation with another client and staff A intervened and placed her hand on client #2's shoulder and requested the client to calm down. Interview with staff A also revealed client #2 reported to staff B that staff A had pushed her; Staff A asked client #2 why she told staff B that she was pushed and client #2 apologized and said she would do better. Review of the interview by the QIDP with staff B on 10/13/21 revealed the staff to report she was in the medication room and did not see any interaction between staff A and client #2 relative to the allegation of client #2. Further review of the internal inquiry revealed no additional staff interviews, no interview with client #2, no body check or evaluation by nursing services of client #2, no protection of clients with removal of any staff during the inquiry and no recommended actions relative to staff based on findings from the internal inquiry. Review of records for client #2 revealed a diagnosis history of moderate intellectual	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 154	Continued From page 8 disability and chronic anxiety. Continued review of records for client #2 revealed a habilitation plan dated 3/22/21 with a behavior support plan for target behaviors of crying, skin picking and food stuffing. Interview with client #2 on 10/19/21 at the group home revealed the client to report last week staff A had pushed her on her back and closed her door "loud". Continued interview with client #2 revealed she had reported the incident to her sister and to her guardian. Further interview with client #2 revealed the client to allege staff A had also pushed client #1 on the back. Subsequent interview with client #2 revealed the client to state "staff B gets mad at me and won't let me lay on my bed. If I lay down she tells me to get up". It should be noted client #2 was unable to provide a timeframe with allegations other than "last week". Interview with staff C on 10/19/21 at the group home revealed staff to report during the previous week, when she came to work client #2 was crying in her bedroom and reported staff A would not let her load the dishwasher and "I hope she gets fired". Continued interview with staff C revealed the staff to report client #2 was upset and also reported other information that she could not understand. Subsequent interview with staff C revealed she did not report concerns about client #2's report to administration because she was not sure what client #2 was really upset about. Staff C further revealed it is common for client #2 to get upset with redirection although she had never experienced the client to make statements such as "I hope she gets fired". Interview with the QIDP on 10/19/21 verified she had not interviewed client #2 during the 10/13/21	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 154	Continued From page 9 inquiry as she did not think about it. Interview with the QIDP also verified client #2 was the only verbal client in the group home and did not have a history of making false statements, telling untruths or reporting false allegations against staff. Continued interview with the QIDP revealed she had only interviewed staff A and B during the inquiry as they were the only staff on shift at the time of the reported allegation by client #2. Interview with the QIDP also verified behavior reports, incident reports or any other documentation had not been used to conduct the inquiry into client #2's allegation against staff A. Further interview with the QIDP verified there had been no body check of client #2 after the alleged incident and no removal of staff during the inquiry. Subsequent interview with the QIDP verified with the conclusion of the internal inquiry the only recommended action was to support client #2 with a psych appointment to discuss coping skills with frustrations due to the client making reports to her sister that result in complaints to the guardian. Interview with the facility administrator on 10/19/21 revealed an inquiry is usually conducted with an allegation to determine if a more formal investigation is needed. Continued interview with the facility administrator revealed a formal investigation had not been conducted with client #2's allegation as the findings from the inquiry had not determined an investigation to be necessary. Interview with the facility administrator further verified she was unaware of the lack of thoroughness conducted with the initial inquiry and a formal investigation should have been conducted to ensure client protections from abuse.	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 155	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must prevent further potential abuse while the investigation is in progress. This STANDARD is not met as evidenced by: Based on review of facility records/documents and interviews, the facility failed to implement sufficient client ptotection measures immediately after becoming aware of an abuse allegation for 1 of 1 investigation reviewed. The finding is: Review on 10/19/21 of an internal inquiry dated 10/13/21 and completed 10/14/21 revealed the qualified intellectual disabilities professional (QIDP) to inquire about an allegation reported by the guardian of client #2. Continued review of the QIDP's inquiry revealed on 10/13/21 the guardian of client #2 contacted the QIDP and reported that client #2 had alleged staff A had pushed the client. Further review of the internal inquiry revealed the QIDP to interview staff A and staff B only. Review of the interview by the QIDP with staff A on 10/13/21 revealed on 10/12/21 client #2 engaged in a verbal altercation with another client and staff A intervened and placed her hand on client #2's shoulder and requested the client to calm down. Interview with staff A also revealed client #2 reported to staff B that staff A had pushed her; Staff A asked client #2 why she told staff B that she was pushed and client #2 apologized and said she would do better. Review of the interview by the QIDP with staff B on 10/13/21 revealed the staff to report she was in the medication room and did not see any interaction between staff A and client #2 relative to the allegation of client #2.	W 155	W155 Cross reference W122	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 155	Continued From page 11 Further review of the internal inquiry revealed no additional staff interviews, no interview with client #2, no body check or evaluation by nursing services of client #2 and no protection of clients with removal of any staff during the inquiry. Interview with the QIDP on 10/19/21 verified she had not interviewed client #2 during the 10/13/21 inquiry as she did not think about it. Interview with the QIDP also verified client #2 was the only verbal client in the group home and client #2 did not have a history of making false statements, telling untruths or reporting false allegations against staff. Continued interview with the QIDP revealed she had only interviewed staff A and B during the inquiry as they were the only staff on shift at the time of the reported allegation by client #2. Interview with the QIDP also verified behavior reports, incident reports or any other documentation had not been used to conduct the inquiry into client #2's allegation against staff A. Further interview with the QIDP verified there had been no body check of client #2 after the alleged incident and no removal of staff during the inquiry. Interview with the facility administrator on 10/19/21 verified measures to ensure client protections had not been taken with regard to client #2's allegation involving staff A. Continued interview with the facility administrator verified staff A would be immediately suspended while an internal investigation was initiated to ensure thoroughness with investigating client #2's allegation against staff A.	W 155		
W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate	W 157	W157 Cross reference W122	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 157	Continued From page 12 corrective action must be taken. This STANDARD is not met as evidenced by: Based on facility record/document review and interviews, the facility failed to show evidence of appropriate corrective action for 1 of 1 abuse investigation reviewed. The finding is: Review on 10/19/21 of an internal inquiry dated 10/13/21 and completed 10/14/21 revealed the qualified intellectual disabilities professional (QIDP) to inquire about an allegation reported by the guardian of client #2. Continued review of the QIDP's inquiry revealed on 10/13/21 the guardian of client #2 contacted the QIDP and reported that client #2 had alleged staff A had pushed the client. Further review of the internal inquiry revealed the QIDP to interview staff A and staff B. Review of notes by the QIDP during interview with staff A revealed the staff to report (on 10/13/21) client #2 told staff B that staff A pushed her and staff A asked the client why she reported she was pushed and the client apologized and said she was going to do better. Review of the internal policy on Abuse, Neglect and Exploitation revealed all staff are required to immediately report acts of abuse, neglect or exploitation. Interview with the QIDP on 10/19/21 verified staff B should have reported client #2's allegation immediately to administration. Further interview with the QIDP revealed no corrective action had occurred relative to the reporting of abuse despite a confirmed interview that client #2 had alleged staff A had pushed her and staff had not reported the allegation. Subsequent interview with the QIDP verified with the conclusion of the internal inquiry the only recommended action was to support client #2	W 157		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G105	A. BUILDING _____ B. WING _____	C 10/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
23RD STREET HOME	804 EAST 23RD STREET NEWTON, NC 28658

(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) COMPLETION DATE
W 157	Continued From page 13 with a psych appointment to discuss coping skills with frustrations due to the client making reports to her sister that result in complaints to the guardian.	W 157		

RHA
HEALTH SERVICES

Tuesday, November 9, 2021

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

Re: Plan of Correction
23rd Street Home 804 East 23rd Street Newton NC 28658

To Whom It May Concern:

Please find the Plan of Correction for deficiencies noted during the Annual Licensure
Recertification survey review for the RHA 23rd Street Facility. If you have any questions or
concerns regarding the Plan of Correction, please feel free to contact Leslie Burleson, Administrator at 828-428-0061

Sincerely,

Audrey Ussery
IDD Qualified Professional
RHA Health Services NC, LLC
Enclosure