

Tag 542

What measure will be put in place to correct deficient area of practice?

A record keeping system will be put in place to ensure that funds are being managed/distributed properly

What measure will be put in place to prevent the problem from occurring again?

Copies of financial records will be sent quarterly to the members who represents themself or any member who has legal guardian/representative

Who will monitor the situation to ensure it will not occur again?

Director

How often will monitoring take place?

Monitoring will occur monthly

PRINTED: 04/08/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2022
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NAME OF PROVIDER OR SUPPLIER BRANNOCK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1612 BRANNOCK DRIVE GREENSBORO, NC 27406
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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)	(X6) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 4/7/22. The complaint was unsubstantiated (intake #NC00186694). Deficiencies were cited.</p> <p>This facility is licensed for the following service category. 10A NCAC 27C .0000B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 0. The survey sample consisted of audits of 1 former client.</p>	V 000		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> (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 financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will 	V 542		

RECEIVED
By cvhicks at 4:52 pm, Apr 28, 2022

Division of Health Service Regulation

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

Brenda Parsley BS/QP

TITLE

Qualified Professional

(X6) DATE

STATE FORM

K5Z911

If continuation sheet 1 of 4

Division of Health Service Regulation

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V 542	<p>Continued From page 1</p> <p>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, the facility failed to ensure regulation of the receipt and distribution of funds in a personal fund account, provision for the keeping of adequate financial records on all transactions affecting funds and provided for the issuance of receipts to persons depositing or withdrawing funds affecting 1 of 1 former client (FC) (#1).</p> <p>Review on 4/6/22 of FC #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 7/1/21 - Discharge date: 3/1/22 - Age: 17 - Diagnoses: Mild Intellectual Disability; Post-Traumatic Stress Disorder; Reactive Attachment Disorder; Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder <p>Review on 4/6/22 of FC #1's bank account and receipts revealed:</p> <ul style="list-style-type: none"> - The Licensee could not provide FC #1's bank statements nor FC #1's receipts. 	V 542		

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NAME OF PROVIDER OR SUPPLIER BRANNOCK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1612 BRANNOCK DRIVE GREENSBORO, NC 27405
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V 542	<p>Continued From page 2</p> <p>Review on 4/6/22 of "Consent to Manage Funds" revealed:</p> <ul style="list-style-type: none"> - Name of Individual: FC #1 - Signed by FC #1's legal guardian and the Qualified Professional on 7/1/21 - "I give Quality Care III the authority to manage the personal funds of the named client/consumer. This consent grants the service site the authority to collect and deposit all personal funds and to disburse said funds on behalf of the consumer for the health, welfare, and personal needs of the consumer in a prudent and legal manner. A record shall be maintained of all income. Receipts shall be retained for all expenditures ..." <p>Interview on 4/7/22 with FC #1 revealed:</p> <ul style="list-style-type: none"> - She did not know how much money she received each month for her allowance. - She did not know if she had a personal bank account. <p>Interview on 4/7/22 with FC #1's legal guardian revealed:</p> <ul style="list-style-type: none"> - She mailed FC #1's SSI (Supplemental Security Check) in the amount of \$841.00 to the Licensee each month. - FC #1 does not have a personal bank account. - "After he (the Licensee) got it (SSI check) I don't know how the money was used." <p>Interview on 4/7/22 with former staff (FS) #1 revealed:</p> <ul style="list-style-type: none"> - She had never been instructed by the Licensee to keep up with receipts for FC #1's purchased items. - She had never been told she had to keep any type of accounting system for FC #1's money. - FC #1 did not have a personal bank account. <p>Interviews on 4/6/22 and 4/7/22 with the Licensee</p>	V 542		

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V 542	Continued From page 3 revealed: - While FC #1 resided at Brannock Home she never had a personal bank account. - He had no documentation to show how FC #1's money/allowance was spent.	V 542		

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

TITLE

(X6) DATE

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Quality Care III



FACSIMILE TRANSMITTAL

To: <i>Angela C. Keardle</i>	Fax #: <i>919-715-8078</i>
From: <i>Quality Care III</i>	Fax #: <i>336-370-6457</i>
Pages:	Date:
Re: <i>Plan of Correction</i>	

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