



FACSIMILE TRANSMITTAL SHEET

TO: FROM: Jeannette Barnett

COMPANY: DATE: NC Div of MH Licensure 5/11/2022

FAX NUMBER: TOTAL NO. OF PAGES, INCLUDING COVER: (919) 715-8078 3

PHONE NUMBER: PARADIGM'S FAX NUMBER: 252-561-7455

RE: PARADIGM'S PHONE NUMBER: POC Masters Law 252-561-8112

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- PLEASE REPLY
- PLEASE RECYCLE

NOTES/COMMENTS:

The accompanying documents contain information intended for the specified individuals (s) only. This information is confidential. If you are not the intended recipient or an agent and have received this document in error and the any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by phone, and shred the original message. The release of any confidential/private health information is prohibited without client's consent.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

May 10, 2022

Jeanette Barnett, Program Director  
Paradigm, Inc.  
P.O. Box 31091  
Greenville, NC 27833

Re: Plan of Correction for Annual and Follow Up Survey completed January 19, 2022  
Paradigm II, 1216-A Masters Lane, Greenville, NC 27833  
MHL# 074-231  
E-mail Address: [jbarnett@paradigmnc.org](mailto:jbarnett@paradigmnc.org); [paradigm@paradigmnc.org](mailto:paradigm@paradigmnc.org)

Dear Mrs. Barnett:

An annual and follow up survey was completed January 19, 2022. A letter was sent to you along with the Statement of Deficiencies which stated a Plan of Correction that addresses each deficiency cited during the survey was to be sent to our office. We never received the Plan of Correction for this survey.

Please submit a plan of correction which indicates what measures will be put in place to **correct** the deficient area of practice and **prevent** the problem from occurring again.

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.**

If you have any questions, please call Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Hughes".

Keith Hughes  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: File

**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.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

PRINTED: 01/21/2022  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/19/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1216-A MASTERS LANE GREENVILLE, NC 27833</b>
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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)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on January 19, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</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 interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 01/19/22 of facility records from January 2021 thru December 2021 revealed the</p>	V 114	<p>Tag V114- Paradigm's current policy and procedure states that drills will be conducted quarterly on each shift. After further clarification, Paradigm, Inc. now recognizes that the weekend shift (which is comprised of two shifts 7a-7p and 7p-7a) are considered to be different shifts in comparison to Monday thru Friday shifts (which run 7a-3p, 3p-11p, 11p-7a). All facilities operated under Paradigm, Inc. have a drill assignment chart for each shift which has been amended to reflect the additional shifts to cover the weekend shifts. In total, five disaster drills and 5 fire drills will be completed each quarter and documented for record keeping purposes. This has been implemented as of 1/20/2022.</p>	1/20/2022

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Jeanette M Barnett* Program Director 5/11/2022

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## Division of Health Service Regulation

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V 114	Continued From page 1  following: - No fire drills documented for the weekend 7am to 7pm shift for the 1st, 3rd or 4th quarter. - No fire drills documented for the weekend 7pm to 7am shift for the 1st, 2nd or 4th quarter. - No fire drill documented for the 3rd shift for the 3rd quarter. - No disaster drills documented for the weekend 7am to 7pm shift for the 1st, 2nd, 3rd or 4th quarter. - No disaster drills documented for the weekend 7pm to 7am shift for the 1st, 2nd, 3rd or 4th quarter.  Interview on 01/19/22 the House Manager stated: - Weekday shifts were from 7am to 3pm, 3pm to 11 pm and 11pm to 7am. - The facility had weekend shifts from 7am to 7pm and 7pm to 7am. - He understood the weekend shifts required drills every quarter.  Interview on 01/19/22 the Program Director stated she understood all shifts identified by the facility needed to have fire and disaster drills completed quarterly.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 114		