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	MHL036-068	A. BUILDING: _____ B. WING _____	R 04/12/2022

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{V 000}	INITIAL COMMENTS A follow up survey was completed on 04/12/2022. Deficiencies were cited. The facility is licensed for the follow service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.	{V 000}		
{V 366}	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	{V 366}	DHSR - Mental Health MAY 20 2022 Lic. & Cert. Section	

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{V 366}	Continued From page 1 Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and	{V 366}		

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{V 366}	Continued From page 2 (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to issue written preliminary findings of fact within five working days of the incident affecting 3 of 4 Clients (#1, #3, and #4) and issue	{V 366}		

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{V 366}	Continued From page 3 a final written report signed by the owner within three months of the incident affecting 4 of 4 Clients (#1, #2, #3, and #4). The findings are: Review on 04/04/2022 of Client #1's records revealed: -No written preliminary findings of fact report or final written report for exploitation incident dated 12/08/2021. Review on 04/04/2022 of Client #2's records revealed: No final written report for exploitation incident dated 12/09/2021. Review on 04/04/2022 of Client #3's records revealed: -No written preliminary findings of fact report or final written report for exploitation incident dated 12/08/2021. Review on 04/04/2022 of Client #4's records revealed: -No written preliminary findings of fact report or final written report for exploitation incident dated 12/08/2021. Review on 04/04/2022 of the facility's Incident Reports from 02/28/2022-04/03/2022 revealed: -Level III incident reports for Clients #1, #3, and #4 for "Exploitation". -"Date of Incident: 12/08/2021." -"Date Last Submitted: 02/05/2022." -Incomplete reports for Clients #1, #3, and #4.. -No submitted written preliminary findings of fact report or final written report for Clients #1, #3, and #4. Review on 04/07/2022 of Incident Response Improvement System (IRIS) for Client #2	{V 366}	Easterseals UCP acknowledges the lack of timeliness of reporting, internal investigation completion, responsiveness to need for additional information, and completion of 3 month investigation report. As a result of the issues around this particular investigation which were out of compliance with our own internal practices, we have developed a Abuse, Neglect, and Exploitation Checklist which includes timelines. The training for this checklist will be provided first to the Elizabeth Group Home staff, will be incorporated into standard practices for group home management and the residential QM team. Additionally Easterseals UCP acknowledges that the focus of the initial incident reporting and investigation should have been extended to 3 additional residents whose funds were also managed by the former group home manager. As part of the attached ANE timeline, there is a specific discussion with management to identify andy addtional potential victims.	6 / 1 / 2 2

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{V 366}	Continued From page 4 revealed: -One level III incident report for "Exploitation". -"Date of Incident: 12/09/2021." -"Date Last Submitted: 01/11/2022." -Incomplete report. -No submitted final written report for Client #2. Review on 04/07/2022 of Emailed Correspondence from the Quality Management (QM) Director dated 04/07/2022 revealed: -"In terms of additional internal investigation:" -"[Residential Director] has continued to meet with [Detective] as he (Detective) requests." -"HCPR (Health Care Personnel Registry) on-site investigation was completed 4/6/22. Once [HCPR Investigator] has her final report completed, she (HCPR Investigator) will send us copies of the receipts that she has received from [former Group Home Manager/ Qualified Professional]." -"There is no other substantial new information gathered at this point." -"Once we have the receipt from [HCPR Investigator], we will assure that the resident received the purchases, document the same, and adjust the amount of reimbursement due to residents." -"The 3 month report cannot be finished until I get the final reports from the Police and [HCPR Investigator]." Interview on 04/07/2022 with the Residential Director revealed: -"I have to check with QM about that (Internal Investigative Reports for Clients #1, #3, and #4)." Interview on 04/11/2022 with the QM Director revealed: -"I simply didn't get them (Internal Investigative Reports for Clients #1, #3, and #4) all done. I took on too much and that delayed the process. I was	{V 366}		

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{V 366}	Continued From page 5 really hoping that we did enough to clear it, but we are really close to finalizing everything." -"We want to make this right, we definitely know that we had a bad egg (former Group Home Manager/Qualified Professional) and we are trying to clean it up. For me the frustration is that I have not been able to prove that it has been cleaned up and that was on me." This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Failure to Correct Type A1 rule violation.	{V 366}	As of 5/16/22 the following are completed in terms of incident reporting and internal investigations: 1. All 3 month investigations uploaded to IRIS 2. All outstanding requests for information are completed 3. All financial calculations completed and reviewed. 4. Check requests are completed for initial paybacks to residents.	5/16/22
{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;	{V 367}		

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{V 367}	Continued From page 6 (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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	{V 367}		

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{V 367}	Continued From page 7 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit upon request by the LME other information obtained regarding the incident affecting 3 of 4 Clients (#1, #3, and #4). The findings are: Review on 04/04/2022 of the facility's Incident Reports from 02/28/2022-04/03/2022 revealed: -Level III incident reports for Clients #1, #3, and #4 for "Exploitation". -"Date of Incident: 12/08/2021." -"Date Last Submitted: 02/05/2022." -"Incident Comments: Advocacy, Follow Up, Date: 02/07/2022; Does the individual have a	{V 367}	Training on the ANE protocol and timeline checklist includes timeframes for Level III incident review in order to ensure appropriate response to LME-MCO, Advocacy, or other reviewers within 3 days as expected. Training for Elizabeth Home staff, QM staff and group home management staff completed and documented by 6/15/22	

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{V 367}	Continued From page 8 guardian and was the guardian contacted? Please upload investigating report from the police department once completed. Please update in HCPR (Health Care Personnel Registry) that the employee was terminated. APS (Adult Protective Services) was contacted, any updates or further investigations please upload." -No updates submitted by the provider for Clients #1, #3, and #4. Review on 04/07/2022 of the facility's Incident Reports revealed: -Resubmitted Level III incident reports for Clients #1, #3, and #4. -"Date Last Submitted: 04/07/2022." -"When re-submitting the Incident Report, please enter your explanation here: 4/7/2022 Added information as per request. DSS letter uploaded. 4/7/2022 Additional information added as requested." Review on 04/07/2022 of Emailed Correspondence from the facility's Quality Management (QM) Director dated 04/07/2022 revealed: -" ...HCPR (Health Care Personnel Registry) on-site investigation was completed 4/6/22. Once [HCPR Investigator] has her final report completed, she (HCPR Investigator) will send us copies of the receipts that she has received from [former Group Home Manager/ Qualified Professional]." -"There is no other substantial new information gathered at this point..." Email Attachments; -Provided copies of Incident Response Improvement System (IRIS) Resubmitted Reports for Clients# 1, #3, and #4. Interview on 04/07/2022 with the Residential	{V 367}		

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{V 367}	Continued From page 9 Director revealed: -"I have to check with QM about that (Internal Investigative Reports for Clients #1, #3, and #4)." Interview on 04/11/2022 with the QM Director revealed: -"We want to make this right, we definitely know that we had a bad egg (former Group Home Manager/Qualified Professional) and we are trying to clean it up. For me the frustration is that I have not been able to prove that it has been cleaned up and that was on me." This deficiency is cross referenced into 10A NCAC 27D .0304 from Harm, Abuse, Neglect or Exploitation (V512) for Failure to Correct a Type A1 rule violation.	{V 367}	Internal investigation reports and the 3 month follow-up are included in the ANE protocol checklist and timeline.	
{V 512}	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of	{V 512}		

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{V 512}	Continued From page 10 intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on records review and interviews, 1 of 1 former staff (the former Group Home Manager/Qualified Professional) exploited 4 of 4 Clients (#1, #2, #3 and #4). The findings are: CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to issue written preliminary findings of fact within five working days of the incident affecting 3 of 4 Clients (#1, #3, and #4) and issue a final written report signed by the owner within three months of the incident affecting 4 of 4 Clients (#1, #2, #3, and #4). CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to submit upon request by the LME other information obtained regarding the incident affecting 3 of 4 Clients (#1, #3, and #4). CROSS REFERENCE: 10A NCAC 27F .0105 Client's Personal Funds (V542). Based on records reviews and interviews, 1 of 1 staff (Group Home Manager/Qualified Professional) failed to (1) manage and maintain records of client personal funds as required, (2) Provide for the keeping of adequate financial records on all transactions affecting funds on deposit in	{V 512}	In the review of financial documentation ESUCP agrees that in total 4 residents were victims of exploitation. Incident reports are now completely updated, HCPR has not yet completed their final report, and the detective is still investigating at last report. The full financial review documents will be provided at our requested informal conference in order to provide as much time as possible for the completion of the external investigations. The following are fully in place: 1. Corrected protocols for timeframes, recognition of the need for 3 month investigation report 2. Additionally in cases of ANE the investigation by ESUCP will always include the identification of all potential victims, with IRIS submission for all with specific timeline adherence. 3. Monthly submission of rresident receipts, bank statements, and financial transaction reports for review. 4. Changes in Money Management Policy (attached with highlighted revisions)	5/16/22 5/16/22

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{V 512}	Continued From page 11 personal fund account, and (3) Provide for the issuance of receipts to persons depositing or withdrawing funds affecting 3 of 4 Clients (#1, #2, and #3). Review on 04/04/2022 of the facility's Incident Report for Client #1 revealed: -"Completed by Program Coordinator." -"Provider learned of incident on 02/03/2022." -"Incident includes allegation against the facility." -"Exploitation box checked." -"The (former) group home manager resigned her position. Upon her leaving her position, a financial review of resident funds showed some significant irregularities in spending. Management staff are conducting a thorough review. Information will be turned over to local/county law enforcement as soon as it can be effectively collected." Review on 04/07/2022 of Incident Response Improvement System (IRIS) for Client #2 revealed: -"Completed by Program Coordinator." -"Provider learned of incident on 12/08/2021." -"Incident includes allegation against the facility." -"Exploitation box checked." -"The (former) group home manager resigned her position. Upon her leaving her position, a financial review of resident funds showed some significant irregularities in spending. Management staff are conducting a thorough review. Information will be turned over to local/county law enforcement as soon as it can be effectively collected. Management is not sure how many resident accounts are compromised but will review each resident account for irregularities." Review on 04/04/2022 of the facility's Incident Report for Client #3 revealed: -"Completed by Program Coordinator."	{V 512}		

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{V 512}	Continued From page 12 -"Provider learned of incident on 02/03/2022." -"Incident includes allegation against the facility." -"Exploitation box checked." -"The (former) group home manager resigned her position. Upon her leaving her position, a financial review of resident funds showed some significant irregularities in spending. Management staff are conducting a thorough review. Information will be turned over to local/county law enforcement as soon as it can be effectively collected." Review on 04/04/2022 of the facility's Incident Report for Client #4 revealed: -"Completed by Program Coordinator." -"Provider learned of incident on 02/03/2022." -"Incident includes allegation against the facility." -"Exploitation box checked." -"The (former) group home manager resigned her position. Upon her leaving her position, a financial review of resident funds showed some significant irregularities in spending. Management staff are conducting a thorough review. Information will be turned over to local/county law enforcement as soon as it can be effectively collected." Review between 04/08/2022-04/11/2022 of Client #1's bank statements revealed: -Grand total of unaccounted for/exploited personal funds: $6,862.90. Review on 04/11/2022 of previously obtained bank statements for Client #2 revealed: -Grand total of unaccounted for/exploited personal funds: $15,491.68. -No changes to bank statements or additional information provided. Review on 04/11/2022 of previously obtained bank statements for Client #3 revealed: -Grand total of unaccounted for/exploited	{V 512}		

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{V 512}	Continued From page 13 personal funds: $4,704.57. -No changes to bank statements or additional information provided. Review on 04/11/2022 of previously obtained bank statements for Client #4 revealed: -Grand total of unaccounted for/exploited personal funds: $2822.27. -No changes to bank statements or additional information provided. Review on 04/06/2022 of Emailed Correspondence from the Residential Director dated 04/06/2022 revealed: -"Here are the totals: Spent in the year 2020 & 2021; [Client #2] 15,044.49; [Client #3] 5,104.92; [Client #4] 2,994.11; TOTAL: $23,143.52." -No final total of unaccounted for/exploited funds for Client #1. Interview on 04/06/2022 and 04/07/2022 with the Residential Director revealed: -Previous bank statements provided for Clients #2, #3, and #4 remain accurate. -"No funds have been paid back to members (Clients #1, #2, #3, and #4) yet. The investigation is still on-going; we are still working with [HCPR (Health Care Personnel Registry) representative]. They (facility) were able to find some receipts and match up with some items in the home. I spoke with [Detective] a few weeks ago, he (Detective) was gathering more information to get a subpoena. I am not sure if an arrest has been made." -"I will have to reach out to get that (final accounting of exploited funds for Clients #1, #2, #3, and #4). I don't have it (final accounting of exploited funds) on me." -"I have to check with QM (Quality Management) about that (Internal Investigative Reports for	{V 512}		

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{V 512}	Continued From page 14 Clients #1, #3, and #4)." Interview on 04/11/2022 with the QM Director revealed: -"I simply didn't get them (Internal Investigative Reports for Clients #1, #3, and #4) all done. I took on too much and that delayed the process. I was really hoping that we did enough to clear it, but we are really close to finalizing everything." -"We want to make this right, we definitely know that we had a bad egg (former Group Home Manager/Qualified Professional (QP)) and we are trying to clean it up. For me the frustration is that I have not been able to prove that it has been cleaned up and that was on me." Review on 04/11/2022 of the Plan of Protection (POP) dated and signed by the QM Director on 04/11/2022 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care?" -"Immediate notification was made by voicemail and writing to the group home manager. Effective 4/11/22 all staff will immediately record all receipts for resident spending on the Financial Transactions Log." -"Effective 4/11/22 all Level III incident reports will be monitored by both the staff submitting the report and by the QM director responsible for residential services twice per week in order to respond to need for additional information in a timely manner." -"Describe your plans to make sure the above happens." -"Signed and dated Resident Financial Transaction Logs will be submitted weekly to the Residential Director. Any non-compliant staff will be coached to assure compliance." -"A report of Level III residential incidents will be sent to the Chief Compliance Officer by the QM	{V 512}	In the review of financial documentation ESUCP agrees that in total 4 residents were victims of exploitation. Incident reports are now completely updated, HCPR has not yet completed their final report. Once we recieve final documentation we will be able to calculate the final determination of financial impact. In the meantime, partial payments are being requested as of 5/16/22 for the following categories of misused funds: subscriptions to services that residents seem to be unaware of or have difficulty using, specific payments that a resident would not need (i.e. insurance payments); any restaurant or other vendor where the amount of purchase exceeds the reasonable expense for one resident. We expect to receive more information on Amazon purchases from the HCPR investigation. Once those receipts are received, we will verify with residents that they received what was purchased.	5/16/22 6/15/22

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{V 512}	Continued From page 15 Director for monitoring of compliance to follow-up." The former Group Home Manager/QP financially exploited Clients #1, #2, #3, and #4. She did not provide receipts and/or accounting records to support transactions totaling $29,881.42 for Clients #1, #2, #3, and #4 as required. The Licensee did not conduct Internal Investigations for Clients #1, #3, and #4 after learning of the incident. Level III incident reports were completed for Clients #1, #3, and #4. However, the Licensee failed to submit updates as requested by the LME and conduct a comprehensive review of Client #1's financials to determine the total amount of unaccounted/exploited personal funds. The current Group Home Manager did not manage or maintain proper accounting records for Clients #1, #2, #3, and #4. The deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious exploitation. An administrative penalty of $500 per day is imposed for failure to correct within 23 days.	{V 512}		
{V 542}	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (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. (c) If funds are managed for a client by a facility	{V 542}		

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{V 542}	Continued From page 16 employee, management of the funds shall occur in accordance with policy and procedures that: (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 be kept separate from any operating funds of the facility; (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; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. This Rule is not met as evidenced by: Based on records reviews and interviews, 1 of 1 staff (Group Home Manager/Qualified Professional (QP)) failed to (1) manage and maintain records of client personal funds as required, (2) Provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account, and (3) Provide for the issuance of receipts to persons depositing or withdrawing funds affecting 3 of 4 Clients (#1, #2, and #3). The findings are: Review on 04/07/2022 of the Licensee's Money	{V 542}		

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{V 542}	Continued From page 17 Management Support Policy #641.1 revised 12/2021 revealed: -" ...The Program Supervisor (Group Home Manager/QP) will balance this fund monthly with the individual. An accounting balance will be made available to the individual and/or LRP (legally responsible person upon request ..." Review on 04/04/2022-04/06/2022 of Client #1's receipts from 03/01/2022-04/01/2022 revealed: -Deposit on 03/14/2022 for $66.00. -Purchases from local retailer on 03/08/2022 for $119.59, 03/11/2022 for $35.37 and $2.12, 03/19/2022 for $6.41, 03/20/2022 for $1.34, no date for $2.25, and 04/01/2022 for $23.21. -Purchases from local fast food restaurant on 03/11/2022 for $9.52, 03/19/2022 for $9.88 and $26.70. -Purchase from local post office on 04/01/2022 for $15.52. Review on 04/04/2022-04/06/2022 of Client #1's transaction register (log) from 03/01/2022-04/01/2022 revealed: -No transactions for the deposit and purchase receipts listed above for Client #1. Review on 04/04/2022-04/06/2022 of Client #2's receipts from 03/01/2022-04/01/2022 revealed: -Purchases from local retailer on 03/16/2022 for $8.00 and 03/19/2022 for $15.99. -Purchases from out of state retailer on 03/25/2022 for $9.18 and $25.49. -Purchases from out of state fast food restaurant on 03/19/2022 for $9.44 and $9.12, and 3/25/2022 for $9.12. -Purchase from local restaurant on 03/19/2022 for $24.24. Review on 04/04/2022-04/06/2022 of Client #2's	{V 542}	Type text here	

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{V 542}	Continued From page 18 transaction register (log) from 03/01/2022-04/01/2022 revealed: -No transactions for the purchase receipts listed above for Client #2. Review on 04/04/2022-04/06/2022 of Client #3's receipts from 03/01/2022-04/01/2022 revealed: -Purchases from local retailer on 03/01/2022 for $5.00, 03/19/2022 for $5.35 and $3.20. -Purchases from local restaurant on 03/19/2022 for $24.24 and $9.44 -Purchases from out of state fast food restaurant on 03/25/2022 for $9.12. -Purchases from out of state retailer on 03/25/2022 for $7.56. Review on 04/04/2022-04/06/2022 of Client #3's transaction register (log) from 03/01/2022-04/01/2022 revealed: -No transactions for the purchase receipts listed above for Client #3. Interview on 04/12/2022 Client #1 revealed: -"[QP] helps me." -"I check my account on my phone." -Had a debit card. "It's in the book." -Gave receipts to QP. Interview on 04/12/2022 with Client #2 revealed: -"I don't know about that." -Unaware of the amount of money in her account. -"Yes, I use it (debit card) sometimes. It is kept in the book." -"I give it to [QP]." Interview on 04/12/2022 with Client #3 revealed: -"[QP] helps me." -Gave receipts from purchases to Group Home staff. -"They put it (debit card) in my book."	{V 542}		

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{V 542}	Continued From page 19 Interview on 04/12/2022 with Client #4 revealed: -"[QP] helps me." -Unaware of the amount of money in her account. -Had a debit card. Interview on 04/06/2022 with Client #1's guardian revealed: -"No, I have not. I have never taken over her finances. When I got guardianship, I told the judge to leave everything as is, but now I see that was a big mistake. I do not have any part in her personal finances. I don't let her bring her bank card home and do not have anything to do with her finances. I have never had access to her bank account or anything dealing with her finances." Interview on 04/04/2022 with the Group Home Manager/QP revealed: -"If anything is not logged, I take full accountability for it." -"I don't have anything for [Client #1]. She (Client #1) and her grandmother manage her funds. She (Client #1) keeps her (Client #1) bankcard on her (Client #1)." -"I don't have access to her banking information." -"When statements are available (usually on 7th), I get receipts and uploaded information on the P drive once per month." -"Transaction register (log) should be done (completed) weekly." Interview on 04/06/2022 with the Residential Director revealed: -Had implemented the new financial process. -"Their (Clients #1, #2, #3, and #4) bank statements come around the 7th, so I give her (QP) a few todays to upload them." -"I review everybody's financial information that I	{V 542}		

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{V 542}	Continued From page 20 have access to; [Clients #4, #3, and #2]. [Client #1] will show you information on her phone (you just have to ask). -"I believe they (facility) do, but I know [Client #1] is good about saying what is in her (Client #1) account and show her banking information from her (Client #1) phone." -"I will have to reach out to get that (final accounting of misappropriated funds for Clients #1, #2, #3, and $4). I don't have it on me." -"I spoke to [QP] about not waiting and going ahead and ensuring all transactions from receipts are placed on the transaction registers (logs)." Interview on 04/11/2022 with the Quality Management Director revealed: -"[Client #1] manages her money differently, then everyone else. She (Client #1) keeps up with her banking on her phone." -"We want to make this right, we definitely know that we had a bad egg (former Group Home Manager/QP) and we are trying to clean it up. For me the frustration is that I have not been able to prove that it has been cleaned up and that was on me." This deficiency is cross referenced into 10A NCAC 27D .0304 from Harm, Abuse, Neglect or Exploitation (V512) for Failure to Correct a Type A1 rule violation.	{V 542}	The group home manager is expected to put receipts and transactions on the log on the day of expenditure. This will be double checked by the Residential Coordinator on a weekly basis. Additionally, the group home manager has been notified effective 5/13/22 that for Client #1, even though she keeps up with her banking information on her phone, she is to add all of her receipts to her transaction log. This resident, though capable to making good decisions is not comfortable keeping her debit card on her person thus making the need for money management assistance apparent.	6/1/22

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Residential Protocols-Checklist

Staff Abuse, Neglect and Exploitation Reports

Group Home Manager Responsibilities

- ◊ Complaint of abuse, neglect or exploitation by staff received from resident, family, or external agency. If you are not sure if the event qualifies, you must….
- ◊ **Immediately** report to your Program Manager and QM Director
- ◊ QM Director to notify appropriate participants of an Internal Review Team
- ◊ Contact your HR generalist to determine if suspension of staff is appropriate

- ◊ **Within 24 hours:**

- ◊ Verbal report to the resident's Managed Care Organization-Care Coordinator or MCO ACCESS department (List attached)
- ◊ Report to guardian/natural support
- ◊ Complete IRIS report with current information including MCO contact notified as well as all external notifications
- ◊ Supervisor completes the HCPR for the staff person accused. (Note: you will need information on the staff including social security number, phone numbers, etc.)
- ◊ Determination of all potential victims completed during Internal Review Team
- ◊ Contact the local DSS/APS to file a report, and inform DSS/APS that ESUCP will also complete an internal review.

- ◊ **Within 72 hours**:
- ◊ Supervisor submits the IRIS report
- ◊ Schedule an internal review with QM Director and Program Manager. Internal investigation will be completed including:
    - o Interviews with residents/staff
    - o Review of internal documentation as needed.
    - o The QM Director will send the Internal Review document to the Group Home Manager, Program Manager, and HR generalist.
- ◊ Upload the internal investigation to the original IRIS report.

- ◊ **Within 5 days of original report**
- ◊ Update the HCPR to include the outcome of the investigation.

- ◊ Coordinate with Human Resources regarding disciplinary action.
- ◊ Monitor the IRIS report comments to determine if there are other required actions.
- ◊ Upload the DSS letter upon receipt to the IRIS report.

- ◊ **Within 3 months:**
- ◊ Three months after the incident, an internal investigation report must again be completed. QM in conjunction with residential management will write the report, it must be uploaded to IRIS.

Managed Care Organizations Crisis Line Contact Numbers

- Alliance 800-510-9132
- Eastpointe 800-913-6109
- Partners 888-235-4673
- Sandhills 800-256-2452
- Trillium 877-685-2415
- Vaya 800-849-6127