

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2022
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NAME OF PROVIDER OR SUPPLIER NORTH 7TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH 7TH STREET SMITHFIELD, NC 27577
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed on April 1, 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 Disability.</p> <p>This facility has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">AUG 8 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p style="text-align: center;">This Page Intentionally Left Blank</p>	
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & 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> <ol style="list-style-type: none"> 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. b. Misappropriation of the property of a resident 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. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged</p>	V 132		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Annise Minstead, RN, Compliance Specialist _____ *07/27/2022*

Division of Health Service Regulation

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V 132	<p>Continued From page 1</p> <p>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 review and interview, the facility failed to report all allegations of abuse to the North Carolina Health Care Personnel Registry. The findings are:</p> <p>Review on 3/29/22 and 4/1/22 of client #6's record revealed: - Admitted: 2013 - Diagnoses: Mild Intellectual Developmental Disability, Hypertension and Acid Reflux</p> <p>Review on 3/29/22 of the facility's records revealed: - No allegation of abuse, neglect or exploitation reported to the Health Care Personnel Registry.</p> <p>Review on 3/29/22 of the IRIS report dated 3/1/22 revealed: - [Client #6] called the police on herself. She</p>	V 132	<p>V 132</p> <p>Monarch has implemented a new investigation process that should eliminate this from occurring again.</p> <p>In-Service to staff was completed on 4/26/22 regarding incident reporting.</p>	4/26/2022
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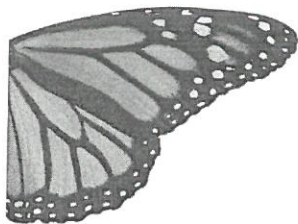
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V 132	<p>Continued From page 2</p> <p>told law enforcement that she was a threat to herself and staff (Former Staff #4)."</p> <ul style="list-style-type: none"> - "[Client #6] was prompted to mop the kitchen floor by staff. She refused and get upset with staff, [client #6] became physically aggressive with staff and pushed staff. [client #6] went to her bedroom and closed the door and called the police. [Client #6] said that she pushed staff and that she was a threat to staff and others in the group home." <p>Interview on 4/1/22, the Qualified Professional's Supervisor reported:</p> <ul style="list-style-type: none"> - She did an informal inquiry/investigation but did not submit the incident to Health Care Personnel Registry. - During her investigation she found the following: <ul style="list-style-type: none"> Client #6 indicated Former Staff (FS) #4 poured water on her face. FS #4 denied pouring water on the client. When management went to look at the floor, no water was observed on the floor. - At the time of the inquiry/investigation, she did not view the incident as an allegation. 	V 132	This Page Intentionally Left Blank	
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July 27, 2022

India Vaughn-Rhodes, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 8 2022

Lic. & Cert. Section

RE: North 7th Street / Annual / April 1, 2022

Hello,

Please find enclosed the Plan of Correction and supporting documents for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
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252-289-6512

