

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EASTER SEALS UCP-GREENE COUNTY GROU</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>704 SE SECOND STREET SNOW HILL, NC 28580</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on August 8, 2022. One complaint was substantiated (intake #NC00191306) and one complaint was unsubstantiated (intake #NC00191236). Deficiencies were 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>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 132	<p><b>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b></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> <p>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.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p>	V 132		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged 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 reviews and interviews the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 08/04/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: - No level II incident report was created by the facility for client #6's allegation of abuse against staff on 07/13/22. - An IRIS report generated by client #6's day support agency regarding client #6's allegation of abuse against group home facility staff on 07/15/22 and submitted on 07/18/22.</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>Review on 08/04/22 of client #6's Individualized Behavior Support Plan dated 09/13/21 revealed:</p> <ul style="list-style-type: none"> <li>- "Target Behavior Definitions...Fabrications: Making false reports of maltreatment, risks to health and safety of her or others reportedly perpetrated by staff. Pretending to have a seizure."</li> <li>- Recommendations &amp; Intervention/Response to Behaviors...If [Client #6] speaks to you and tells you a story suggesting that someone has harmed or neglected her, you should say, '[Client #6], I definitively want to be able to help you if something bad is happening to you. there have been a lot of times that you have told me things that aren't true and makes it harder to help. Are you sure what what you're telling me is true?'. If she insists the story is true, let her know that you will follow up with the individual, group home administrative staff, and her guardian know as well. Document any claims or harm or neglect and follow up with the individual whether she recants or not. Follow company policy and procedures regarding incident reporting for substantiated claims."</li> </ul> <p>Review on 08/04/22 of a facility internal investigation dated 07/13/22 revealed:</p> <ul style="list-style-type: none"> <li>- "RE (regarding): Retracted Abuse Allegation."</li> <li>- Client #6 had a guardian through a local Department of Social Services representative.</li> <li>- Client #6 had resided at the group home for 3 years and received day supports.</li> <li>- Client #6 had a diagnosis of IDD.</li> <li>- "Overview Discussion: On 07/13 Group Home director (Qualified Professional (QP)) became aware that [Client #6] had alleged that staff had gone into her room, beat her up, and tore her room up. She stated this happened at 3:00am. She communicated this to the manager (QP) at</li> </ul>	V 132		
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V 132	<p>Continued From page 3</p> <p>7:30am. The manager was at the home at 3:00am completing fire drills with staff. They did not wake [Client #6] at the time. This was a training for staff on how to complete drills in the middle of the night. - This is on the Fire Drill Document. The individual's room was cleaned - manager asked how did they trash it if the room is cleaned - she said they must have cleaned it back up. The Manager told [Client #6] she was at the home at 3:00am conducting the fire drill. [Client #6 said this must have happened on another day. 2 staff on shift, both staff were questioned - both said this did not occur. Staff notified the guardian that day. The guardian's response was 'Here we go again' - This has been an ongoing issue with [Client #6]. This is documented in her plan and her BSP (Behavior Support Plan). The allegation was retracted the same day."</p> <p>- "According to the incident report Manual and incident as defined as an occurrence that is not typical for the individual and service delivered an could lead to adverse effects to the individual. this incident is typical for the individual as identified in the individual's plan and her BSP."</p> <p>- "Conclusion: Unsubstantiated."</p> <p>- No documentation the HCPR and the local Department of Social Services was notified of the allegation of abuse.</p> <p>Interview on 08/04/22 and 08/08/22 the Regional Director stated:</p> <ul style="list-style-type: none"> <li>- Client #6 had a history of making false allegations of abuse against staff.</li> <li>- Client #6 had a behavior support plan to address the allegations.</li> <li>- The 07/13/22 incident was short because client #6 retracted her allegation.</li> <li>- She understood all allegations of abuse must be reported to the HCPR.</li> </ul>	V 132		

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V 132	Continued From page 4  - She would follow up with client #6's behavior support team about the frequent allegations of mistreatment.	V 132		
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; (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	V 367		

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V 367	<p>Continued From page 5</p> <p>information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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 by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 08/04/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: - No level II incident report was created by the facility for client #6's allegation of abuse against staff on 07/13/22. - An IRIS report generated by client #6's day support agency regarding client #6's allegation of abuse against group home facility staff on 07/15/22 and submitted on 07/18/22.</p> <p>Review on 08/04/22 of client #6's record revealed: - 45 year old female. - Admission date of 02/01/19. - Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Generalized Anxiety Disorder.</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>Review on 08/04/22 of client #6's Individualized Behavior Support Plan dated 09/13/21 revealed:</p> <ul style="list-style-type: none"> <li>- "Target Behavior Definitions...Fabrications: Making false reports of maltreatment, risks to health and safety of her or others reportedly perpetrated by staff. Pretending to have a seizure."</li> <li>- Recommendations &amp; Intervention/Response to Behaviors...If [Client #6] speaks to you and tells you a story suggesting that someone has harmed or neglected her, you should say, '[Client #6], I definitively want to be able to help you if something bad is happening to you. there have been a lot of times that you have told me things that aren't true and makes it harder to help. Are you sure what what you're telling me is true?'. If she insists the story is true, let her know that you will follow up with the individual, group home administrative staff, and her guardian know as well. Document any claims or harm or neglect and follow up with the individual whether she recants or not. Follow company policy and procedures regarding incident reporting for substantiated claims."</li> </ul> <p>Review on 08/04/22 of a facility internal investigation dated 07/13/22 revealed:</p> <ul style="list-style-type: none"> <li>- "RE (regarding): Retracted Abuse Allegation."</li> <li>- Client #6 had a guardian through a local Department of Social Services representative.</li> <li>- Client #6 had resided at the group home for 3 years and received day supports.</li> <li>- Client #6 had a diagnosis of IDD.</li> <li>- "Overview Discussion: On 07/13 Group Home director (Qualified Professional (QP)) became aware that [Client #6] had alleged that staff had gone into her room, beat her up, and tore her room up. She stated this happened at 3:00am. She communicated this to the manager (QP) at</li> </ul>	V 367		



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V 367	<p>Continued From page 8</p> <p>7:30am. The manager was at the home at 3:00am completing fire drills with staff. They did not wake [Client #6] at the time. This was a training for staff on how to complete drills in the middle of the night. - This is on the Fire Drill Document. The individual's room was cleaned - manager asked how did they trash it if the room is cleaned - she said they must have cleaned it back up. The Manager told [Client #6] she was at the home at 3:00am conducting the fire drill. [Client #6 said this must have happened on another day. 2 staff on shift, both staff were questioned - both said this did not occur. Staff notified the guardian that day. The guardian's response was 'Here we go again' - This has been an ongoing issue with [Client #6]. This is documented in her plan and her BSP (Behavior Support Plan). The allegation was retracted the same day."</p> <p>- "According to the incident report Manual and incident as defined as an occurrence that is not typical for the individual and service delivered an could lead to adverse effects to the individual. this incident is typical for the individual as identified in the individual's plan and her BSP."</p> <p>- "Conclusion: Unsubstantiated."</p> <p>- No documentation the Healthcare Personnel Registry and the local Department of Social Services was notified of the allegation of abuse.</p> <p>Interview on 08/04/22 and 08/08/22 the Regional Director stated:</p> <p>- Client #6 had a history of making false allegations of abuse against staff.</p> <p>- Client #6 had a behavior support plan to address the allegations.</p> <p>- The 07/13/22 incident was short because client #6 retracted her allegation.</p> <p>- She understood an IRIS report had to be generated for allegations of abuse.</p>	V 367		

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V 367	Continued From page 9  - She would follow up with client #6's behavior support team to address client #6's frequent allegations of mistreatment.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights  10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or	V 500		

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V 500	<p>Continued From page 10</p> <p>allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to report an allegation of abuse to Department of Social Services (DSS) affecting one of five audited clients (#6). The findings are:</p> <p>Review on 08/04/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: - No level II incident report was created by the</p>	V 500		

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V 500	<p>Continued From page 11</p> <p>facility for client #6's allegation of abuse against staff on 07/13/22.</p> <ul style="list-style-type: none"> <li>- An IRIS report generated by client #6's day support agency regarding client #6's allegation of abuse against group home facility staff on 07/15/22 and submitted on 07/18/22.</li> </ul> <p>Review on 08/04/22 of client #6's Individualized Behavior Support Plan dated 09/13/21 revealed:</p> <ul style="list-style-type: none"> <li>- "Target Behavior Definitions...Fabrications: Making false reports of maltreatment, risks to health and safety of her or others reportedly perpetrated by staff. Pretending to have a seizure."</li> <li>- Recommendations &amp; Intervention/Response to Behaviors...If [Client #6] speaks to you and tells you a story suggesting that someone has harmed or neglected her, you should say, '[Client #6], I definitively want to be able to help you if something bad is happening to you. there have been a lot of times that you have told me things that aren't true and makes it harder to help. Are you sure what what you're telling me is true?'. If she insists the story is true, let her know that you will follow up with the individual, group home administrative staff, and her guardian know as well. Document any claims or harm or neglect and follow up with the individual whether she recants or not. Follow company policy and procedures regarding incident reporting for substantiated claims."</li> </ul> <p>Review on 08/04/22 of a facility internal investigation dated 07/13/22 revealed:</p> <ul style="list-style-type: none"> <li>- "RE (regarding): Retracted Abuse Allegation."</li> <li>- Client #6 had a guardian through a local Department of Social Services representative.</li> <li>- Client #6 had resided at the group home for 3 years and received day supports.</li> <li>- Client #6 had a diagnosis of IDD.</li> </ul>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EASTER SEALS UCP-GREENE COUNTY GROU</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>704 SE SECOND STREET SNOW HILL, NC 28580</b>
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V 500	<p>Continued From page 12</p> <p>- "Overview Discussion: On 07/13 Group Home director (Qualified Professional (QP)) became aware that [Client #6] had alleged that staff had gone into her room, beat her up, and tore her room up. She stated this happened at 3:00am. She communicated this to the manager (QP) at 7:30am. The manager was at the home at 3:00am completing fire drills with staff. They did not wake [Client #6] at the time. This was a training for staff on how to complete drills in the middle of the night. - This is on the Fire Drill Document. The individual's room was cleaned - manager asked how did they trash it if the room is cleaned - she said they must have cleaned it back up. The Manager told [Client #6] she was at the home at 3:00am conducting the fire drill. [Client #6 said this must have happened on another day. 2 staff on shift, both staff were questioned - both said this did not occur. Staff notified the guardian that day. The guardian's response was 'Here we go again' - This has been an ongoing issue with [Client #6]. This is documented in her plan and her BSP (Behavior Support Plan). The allegation was retracted the same day."</p> <p>- "According to the incident report Manual and incident as defined as an occurrence that is not typical for the individual and service delivered an could lead to adverse effects to the individual. this incident is typical for the individual as identified in the individual's plan and her BSP."</p> <p>- "Conclusion: Unsubstantiated."</p> <p>- No documentation the HCPR and the local Department of Social Services was notified of the allegation of abuse.</p> <p>Interview on 08/04/22 and 08/08/22 the Regional Director stated: - Client #6 had a history of making false allegations of abuse against staff.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2022</b>
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V 500	Continued From page 13  - Client #6 had a behavior support plan to address the allegations. - The 07/13/22 incident was short because client #6 retracted her allegation. - She knew a DSS representative had come out to the facility to investigate an allegation client #6 had made. - Client #6 had retracted her allegation. - She understood the facility was required to notify the local DSS of all allegations of abuse against facility staff.	V 500		