To: Emily Jones / DHSR

From: Elaine Ratliff
Peace Healthcare

Date: ~~8/5/22~~ 8/8/22

RE: POC for 223 Robert Hargrave
28 pages

I tried to send this on 8/5/22. I received an error message. I'm trying again on 8/8/22

PRINTED: 07/27/2022
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MH.031-079	A. BUILDING: _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE HEALTHCARE INC	223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365

(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	INITIAL COMMENTS A complaint survey was completed on July 14, 2022. The complaint was unsubstantiated (Intake #NC00189744). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audit of 1 current client.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110	V 110 – Staff Competence The Administrator for Peace Healthcare met with staff on 7/12, 7/13 and 7/15/22 to address concerns. Upon return from vacation the QP met with the staff and provided training in the following areas: Client Rights, Client Safety, a review of client's unsupervised time as outlined in the supervision assessment (updated but not yet cosigned/agreed upon by Treatment Team), Conflict Resolution Skills, Reporting Procedures and Protocols and Positive Workplace Behavior Ethics were immediately provided over a 2 day period. Going forward training will be provided no less than quarterly in all areas identified. Evidence of that training will be provided by the trainer and inserted into staff's training file upon satisfactory completion of training.	

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V 110	Continued From page 1 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, one of three audited paraprofessional staff, the Administrator failed to demonstrate the knowledge skills and abilities required by the population served. The findings are: Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record review and interview the facility failed to report incidents as required by the rule. 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 ensure critical incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. Cross Reference: 131E-256 Health Care Personnel Registry (V132). Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of an allegation against health care personnel and failed to complete an investigation	V 110		

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V 110	Continued From page 2 Cross Reference: 10A NCAC 27D .0101 Policy On Rights Restrictions and Interventions (V500). Based on record review and interview the facility failed to report allegations of abuse and neglect and a client being left unsupervised to the Department of Social Services (DSS) for 1 of 1 audited client (#4). Review on 07/14/21 of the Administrator's record revealed: -Hire date of 09/24/19. -Job Title: Administrator and Habilitation Technician. Review on 07/12/22 of client #4's record revealed: -41 year old female. -Admission date of 05/19/21. -Diagnoses of Schizoaffective Disorder, Gastroesophageal reflux disease, Iron deficiency, Bipolar Type, Obesity, Nicotine Use Disorder, Mild Hypothyroidism. -Person-Centered Profile dated 09/13/21 revealed: "What (Short Range Goal) [Client #4] will increase independence living skills by learning to schedule activities of choice/preference in the community with supervision from staff...How (Support/Intervention)...Provide close supervision in the community." -Admission Summary dated 05/18/21 revealed: "Client has many delusions, which include that she has a direct relationship with the Devil, aggressive behaviors, belief that the Russians are out to get her, the hospital staff were plotting to kills her, medical providers at the hospital have been alive since the era of the Roman Empire, belief that she is a relative of Michael Jackson and he is alive and many other baseline delusions. She also experiences command	V 110		

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V 110	Continued From page 3 hallucinations and following the commands...Recommendations: No unsupervised time in the community...She must be within audible or visual range to group home staff at all times." Review on 07/14/22 of the website mapquest.com revealed: -The thrift store location was approximately 20 miles from the neighboring town the staff were at after leaving client #4 unsupervised. Client #4 was not able to be interviewed due to client #4's admission into a behavioral health facility. During interview on 07/12/22 the House Manager revealed: - No one had unsupervised time in the home. -Police had been called for client #4. -Client #4 was "a problem." -Client #4 was an "attention seeker." -Client #4 would tell people that she harassed her. -The last time client #4 called the police was while they were at a local grocery store (06/02/22). -Client #4 "always jumped off the van" and she thought client #4 was on the van. -She did not know client #4 had "jumped off the van." -She turned around and she got back to her very "quickly." During interview on 07/13/22 staff #2 revealed: -She was a "fill in" staff at the facility. -She provided the transportation for the facility. -The incident with client #4 happened in the evening. -The incident happened in a neighboring town	V 110		

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V 110	Continued From page 4 and she got a call that she and the House Manager needed to go back to another neighboring town to pick up another client. -She assumed the House Manager had all of her clients accounted for in the van. -The House Manager had received a call that the client was left in the first neighboring town. -When they were able to arrive back to the location of client #4, client #4 was with the Chief of Police. -Client #4 was stating that the House Manager had been harassing her and she did not want to go back to the group home. -She was unsure how long client #4 was left unsupervised at the first neighboring town. During interview on 07/13/22 the store clerk at a nearby thrift store revealed: -A client (client #4) came into the thrift store and she was alone. -Client #4 had been in the store "for a while" and she stated she was being abused at the facility she lived. -She contacted the police department. -Client #4 was at the thrift store for a few hours and the Chief of Police stayed with her for a couple of hours. -A lot of the clients had come into the thrift store alone on several occasions. -Because client #4 was talking about being abused that is when she called her boss and called the police. During interview on 07/12/22 the Police Chief of the town the incident occurred in revealed: -On 06/02/22 he received a call from the local thrift store about a client left alone without any staff. -Client #4 was at the thrift store for at least 2 1/2 hours without any staff.	V 110		

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V 110	Continued From page 5 -The lady that worked at the thrift store called the police station because the client was saying the staff were abusing her and she did not want to go back to the home. -He sat with client #4 for an hour after he was supposed to get off work. -The House Manager kept saying she was nearby at the smoke store the whole time and was watching the client. -No staff were present at any time. -He called the local Sheriff's office and they sent someone to the home and no one was at the facility. -The manager of the thrift store was able to determine where client #4 lived and who owned the facility. She called the owner and that was when the staff came back to the thrift store in a white van. -Before the van picked client #4 up he witnessed the white van stop at the local auto store before coming to where client #4 was located. -Client #4 told him the staff had left her. During interview on 07/14/22 the Administrator revealed: -She did not complete an IRIS report and did not report complete an HCPR referral because she did not know client #4 was left at the thrift store for that amount of time. -She was contacted about the incident the day of the incident but did not know the details of the incident. -She did not contact the Local Management Entity (LME)/Managed Care Organization (MCO) or the county Department of Social Services (DSS) to report the incident. Review on 07/14/22 of the Plan of Protection dated 07/14/22 and completed by the Administrator revealed:	V 110		

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V 110	Continued From page 6 "-What immediate action will the facility take to ensure the safety of the consumers in your care? -The facility will ensure that an hour/check is made on all residents to ensure safety. Effective immediately staff will conduct appropriate head count on all residents especially during outing visits. -Describe your plans to make sure the above happens. -An inservice will be done. Staffs will be retrained on effective ways to communicate with residents/Administrator. Staff will ensure that appropriate head count is made especially during outings." Client #4 was a 41 year old female that had diagnoses which included Schizoaffective Disorder, Gastroesophageal reflux disease, Iron deficiency, Bipolar Type, Obesity, Nicotine Use Disorder, Mild Hypothyroidism. On 06/02/22 the House Manager and staff #2 were on an outing at a local thrift store when the House Manager and staff #2 left client #4 at the thrift store area unsupervised for approximately 2 1/2 hours. The House Manager and staff #2 did not know client #4 was not on the van when they left the thrift store area. The police were contacted by the thrift store clerk for assistance because client #4 was stating she was being abused and harassed by the staff at the facility. Client #4's treatment plan dated 09/13/21 indicates client #4 can not be left unsupervised at any time due to her behaviors, such as many delusions, which include that she has a direct relationship with the Devil, aggressive behaviors, belief that the Russians are out to get her, the hospital staff were plotting to kills her, medical providers at the hospital have been alive since the era of the Roman Empire, belief that she is a relative of Michael Jackson and he is alive and many other	V 110		

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V 110	Continued From page 7 baseline delusions. She also experiences command hallucinations and following the commands. The Administrator did not complete an incident report or report to the HCPR or the local Department of Social Services when the facility staff left client #4 unsupervised at a thrift store for approximately 2 1/2 hours. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, and additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the	V 112	V112 Assessment/Treatment/Hab Plan The Administrator, QP, group home staff and the client met on 7/19/22 to discuss concerns as well as client's supervision needs. The client understands that she is not approved for unsupervised time. The supervision assessment was reviewed as well. QP provided acceptable strategies to utilize in the event this should occur again. Client has a history of refusing to join the group by getting back on the van and returning to the group home. In the future staff will never remove eyes on monitoring when out in the community, unless another client is in harm's way (life threatening situation).	

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V 112	Continued From page 8 provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure strategies were implemented for one of one audited client (Client #4). The findings are: Review on 07/12/22 of client #4's record revealed: -41 year old female. -Admission date of 05/19/21. -Diagnoses of Schizoaffective Disorder, Gastroesophageal reflux disease, Iron deficiency, Bipolar Type, Obesity, Nicotine Use Disorder, Mild Hypothyroidism. -Person-Centered Profile dated 09/13/21 revealed: "What (Short Range Goal) [Client #4] will increase independence living skills by learning to schedule activities of choice/preference in the community with supervision from staff...How (Support/Intervention)...Provide close supervision in the community." -Admission Summary dated 05/18/21 revealed: "Client has many delusions, which include that she has a direct relationship with the Devil, aggressive behaviors, belief that the Russians are out to get her, the hospital staff were plotting to kills her, medical providers at the hospital have been alive since the era of the Roman Empire,	V 112	V 112 Continued: Going forward continued opposition to following rules and affecting client's community integration may result in discussion with the guardian about discharge.	

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V 112	Continued From page 9 belief that she is a relative of Michael Jackson and he is alive and many other baseline delusions. She also experiences command hallucinations and following the commands...Recommendations: No unsupervised time in the community...She must be within audible or visual range to group home staff at all times." During interview on 07/12/22 the Chief of Police in the nearby town revealed: -He received a call on 06/02/22 about a client at the local thrift store left unsupervised. -When he arrived at the thrift store client #4 was unsupervised. -Client #4 was unsupervised by staff for approximately 2 1/2 hours. During interview on 07/14/22 the Administrator revealed: -She was aware that client #4 could not be left unsupervised. -She was aware that the staff had left client #4 but not for that long of a period of time. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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	V 132		

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V 132	Continued From page 10 any act listed in subdivision (a)(1) of this section. (which includes: 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). 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.	V 132	V 132 – Effective immediately, all allegations of abuse, neglect, exploitation will be reported to the QP immediately. The QP will initiate an investigation and will notify the Department/Health Care Personnel Registry immediately via IRIS and provide a report of the allegations. QP will submit the incident in IRIS within 72 hours. After the investigation is completed, then the QP will follow up/provide a report of the outcome to the Department within 5 business days. Any staff alleged to have exploited, neglected, abused or otherwise caused harm to a client will be placed on administrative leave immediately. That person will not be allowed on the premises until the investigation is completed. If the allegation is substantiated then the staff will not be allowed to return to the facility. The facility administrator will be responsible for disciplinary action, including termination. Additionally, the outcome of the investigation of the incident will be completed and submitted in IRIS. This will be responsibility of the QP.	

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V 132	Continued From page 11 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of an allegation against health care personnel and failed to complete an investigation. The findings are: Review on 07/12/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no documentation the HCPR was notified of client #4's abuse allegation against staff #1 and the incident of client #4 being left at the thrift store by staff #1 and staff #2 for over 2 1/2 hours without staff supervision. During interview on 07/14/22 the Administrator revealed: -She did not complete an IRIS report and did not report complete an HCPR referral because she did not know client #4 was left at the thrift store for that amount of time. -She was contacted about the incident the day of the incident but did not know the details of the incident. -She did not contact the Local Management Entity (LME)/Managed Care Organization (MCO) or the county Department of Social Services (DSS) to report the incident. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type A1 rule violation and must be corrected within 23 days.	V 132		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT	V 366		

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V 366	Continued From page 12 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 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:	V 366	V 366 Incident Response Requirements The policy for incident report requirements was reviewed immediately by the administrator. An additional review was completed by the QP on 7/19/22. The review outlined and defined level 1, 2 and 3 incidents, reporting requirements and current procedures for incident reporting. The direct care staff is responsible for completing level 1 incidents and the QP is responsible for completing level 2 & 3 incidents. All incidents must be reported immediately to the QP or administrator when QP is not available. The administrator understands that any report from DSS or the police, family, community member where is alleged that abuse, neglect or exploitation has occurred must be followed up on and reported to appropriate entities immediately.	

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V 366	Continued From page 13 (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 (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	V 366		

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V 366	Continued From page 14 (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 review and interview the facility failed to report incidents as required by the rule. The findings are: Refer to V367 for: -Client #4 being left unsupervised at a local thrift store for approximately 2 1/2 hours. -Home Manager and staff #2 not knowing client #4 was not in the van when they left or that client #4 was left at a local thrift store unsupervised without staff. -No incident report created in response to the incident of client #4 being left alone unsupervised for 2 1/2 hours. During interview on 07/14/22 the Administrator revealed: -She did not complete an IRIS report and did not	V 366		

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V 366	Continued From page 15 report or complete a HCPR referral because she did not know client #4 was left unsupervised at the thrift store or for what specific amount of time. -She was contacted about the incident the day of the incident but did not know the details of the incident. -She did not contact the Local Management Entity (LME)/Managed Care Organization (MCO) or the county Department of Social Services (DSS) to report the incident. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V 110) for a type A1 rule violation and must be corrected within 23 days.	V 366		
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;	V 367	V 367 Incident Reporting Requirements It is the responsibility of the QP to complete level 2 and 3 incidents in IRIS within 72 hours of their occurrence. The QP has provided training and will do so at least quarterly. QP will train supervisor or other designated staff and administrator on how to complete incident reports in the absence of the QP. Training on reporting procedures/protocols occurred on 7/13/22 and 7/20/22 to all direct care staff and administrator. Training included definition of levels of incident, how to complete incident reports and providing all pertinent information when reporting an incident, workplace behavior ethics and honest reporting.	

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V 367	Continued From page 16 (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 information is 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 .3305 and 10A NCAC 27E .0101(c)(15). (e) Category A and B providers shall send a report quarterly to the LME responsible for the	V 367		

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V 367	Continued From page 17 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: (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 ensure critical incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are. Review on 07/12/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level II incident reports for the June 2, 2022 incident involving client #4 being left unsupervised for approximately 2 1/2 hours that required law enforcement and an allegation of	V 367		

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V 367	Continued From page 18 abuse against the House Manager. During interview on 07/14/22 the Administrator revealed: -She did not complete an IRIS report and did not report or complete a HCPR referral because she did not know client #4 was left at the thrift store unsupervised or for what specific amount of time. -She was contacted about the incident the day of the incident but did not know the details of the incident. -She did not contact the Local Management Entity (LME)/Managed Care Organization (MCO) or the county Department of Social Services (DSS) to report the incident. This deficiency is cross-referenced into 10A NCAC 27G .0202 Competencies and Supervision of Paraprofessionals (V110) for a Type A1 rule violation and must be corrected within 23 days.	V 367	V500 Client Rights/Policy on Rights All staff have been retrained on an individual/client's right to be free from abuse, neglect and exploitation. It is never appropriate to leave a client requiring supervision without supervision. When this occurs the facility has the responsibility to follow reporting procedures to include DSS, LME/MCO, police etc.. Going forward incidents must be reported accurately and in an appropriate time frame. The QP will make the appropriate notifications. In the absence of the QP, it shall be the responsibility of the administrator to make notifications.	
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.	V 500		

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V 500	Continued From page 19 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 allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (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: (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and	V 500		

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V 500	Continued From page 20 (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview the facility failed to report allegations of abuse and neglect and a client being left unsupervised to the Department of Social Services (DSS) for 1 of 1 audited client (#4). The findings are: During interview on 07/14/22 the Administrator revealed: -She did not complete an IRIS report and did not report complete an HCPR referral because she did not know client #4 was left at the thrift store for that amount of time. -She was contacted about the incident the day of the incident but did not know the details of the incident. -She did not contact the Local Management Entity (LME)/Managed Care Organization (MCO) or the report the incident. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type A1 rule violation and must be corrected within 23 days.	V 500		
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	V 512		

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V 512	Continued From page 21 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 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 record reviews and interviews the House Manager and staff #2 neglected one of one audited client (#4). The findings are: Cross Reference: 10A NCAC 27G .0205 (c) Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interview the facility failed to ensure strategies were implemented for one of one audited client (Client #4). Review on 07/14/22 of the House Manager's record revealed: -Hire date of 05/01/21. -Job Title: Paraprofessional/House Manager.	V 512	V512 Client Rts - Harm, Abuse, Neglect Effective 7/19/22 the QP met with clients, staff and administrator and reviewed regulations and policies on abuse, neglect, supervision needs of client in the home and community. Staff were cautioned that they (staff) are not to leave clients unsupervised in the community without the expressed authorization of the treatment team, which includes the guardian. At this time, all clients deny any concerns about staff's behaviors or practices. The facility QP has and will continue to complete trainings on client rights, goals, supervision requirements, workplace behavior ethics along with policies on client care and treatment needs. Ongoing training will occur at least quarterly for current employees and will be completed prior to start of employment for new hires and at least quarterly thereafter.	

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V 512	Continued From page 22 Review on 07/14/22 of staff #2's record revealed: -Hire date of 06/25/21. -Job Title: Paraprofessional. Client #4 was not able to be interviewed due to client #4's admission into a behavioral health facility. During interview on 07/12/22 the House Manager revealed: - No one had unsupervised time in the home. -Police had been called for client #4. -Client #4 was "a problem." -Client #4 was an "attention seeker." -Client #4 would tell people that she harassed her. -The last time client #4 called the police was while they were at a local grocery store (06/02/22). -Client #4 "always jumped off the van" and she thought client #4 was on the van. -She did not know client #4 had "jumped off the van." -She turned around and she got back to her very "quickly." During interview on 07/13/22 staff #2 revealed: -She was a "fill in" staff at the facility. -She provided the transportation for the facility. -The incident with client #4 happened in the evening. -The incident happened in neighboring town and she got a call that she and the House Manager needed to go back to another neighboring town to pick up another client. -She assumed the House Manager had all of her clients accounted for in the van. -The House Manager had received a call that the client was left in the first neighboring town. -When they were able to arrive back to the	V 512		

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V 512	Continued From page 23 location of client #4, client #4 was with the Chief of Police. -Client #4 was stating that the House Manager had been harassing her and she did not want to go back to the group home. -She was unsure how long client #4 was left unsupervised at the first neighboring town. During interview on 07/13/22 the store clerk at a nearby thrift store revealed: -A client (client #4) came into the thrift store and she was alone. -Client #4 had been in the store "for a while" and she stated she was being abused at the facility she lived at. -She contacted the police department. -Client #4 was at the thrift store for a few hours and the Chief of Police stayed with her for a couple of hours. -A lot of the clients had come into the thrift store alone on several occasions. -Because client #4 was talking about being abused that is when she called her boss and called the police. During interview on 07/12/22 the Police Chief of the town the incident occurred revealed: -On 06/02/22 he received a call from the local thrift store about a client from a facility left alone unsupervised without any staff. -Client #4 was at the thrift for at least 2 1/2 hours without any staff. -The lady that worked at the thrift store called the police station because the client was saying the staff had abused her and she did not want to go back to the home. -He sat with client #4 for an hour after he was supposed to get off work. -He was angry because he felt like he was "having to baby sit" an adult and the staff were	V 512		

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V 512	Continued From page 24 not present and did not even know she had been left at the thrift store. -When the staff arrived back to the thrift store he "laid" into both of the staff about the incident. -The House Manager kept saying she was in a nearby smoke store the whole time and was watching the client. -No staff was present at any time. -He called the local Sheriff's office and they sent someone to the home and no one was at the facility. -The manager of the thrift store was able to determine where client #4 lived and who owned the facility and she called the owner and that was when the staff came back to the thrift store in a white van. -Before the van picked client #4 up he observed the white van stop at the local auto store before coming to where client #4 was located. -Client #4 told him the staff had left her. During interview on 07/14/22 the Administrator revealed: -She was aware of the incident. -She did not know client #4 had been left unsupervised by staff for that long at the nearby thrift store and did not know she had made an allegation of abuse against the House Manager. -The staff did not tell her she had been left for that long or any details of the incident. [illegible] dated 07/14/22 and completed by the Administrator revealed: "-What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will ensure that for the next 1 month an hourly check is made on all residents to ensure safety. Effective immediately staff will conduct appropriate head count on all residents	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL031-079	A. BUILDING: _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE HEALTHCARE INC	223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365

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V 512	Continued From page 25 especially during outings. -Describe your plans to make sure the above happens. An inservice training will be done where by staff will be retrained on effective ways to communicate with residents/Administrator. Staff will ensure that appropriate head count is done during outing visits." Client #4 had diagnoses that included Schizoaffective Disorder, Gastroesophageal reflux disease, Iron deficiency, Bipolar Type, Obesity, Nicotine Use Disorder, Mild Hypothyroidism. On June 2, 2022 the House Manager and staff #2 were on an outing with other clients from the facility and the sister facility at a local thrift store and left client #4 unsupervised for approximately 2 1/2 hours. Client #4 made an allegation against the House Manager of abuse and was not wanting to go back to the group home. The local police were called from the thrift store to assist with client #4. Client #4's Person-Centered Profile dated 09/03/21 indicated client #4 had to be supervised at all times due to her behaviors such as many delusions, which include that she has a direct relationship with the Devil, aggressive behaviors, belief that the Russians are out to get her, the hospital staff were plotting to kills her, medical providers at the hospital have been alive since the era of the Roman Empire, belief that she is a relative of Michael Jackson and he is alive and many other baseline delusions. She also experiences command hallucinations and following the commands and her admission summary dated 05/18/21 revealed client #4 had to be within audible or visual range to group home staff at all times. This deficiency constitutes a Type A1 rule violation for serious neglect and	V 512		

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 512	Continued From page 26 must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, and additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		