

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-850</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LYDIA'S HOME LLC PHASE I**

**2704 GRIMSLEY STREET  
GREENSBORO, NC 27403**

(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 8/16/2022. The complaint was unsubstantiated (intake #NC191676). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.  This facility is licensed for 4 and has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
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 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	V 132		

DHSR - Mental Health

SEP 08 2022

Lic. & Cert. Section

*See Attached Pages*

Division of Health Service Regulation

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

*[Signature]*

TITLE

*Director*

(X6) DATE

*9/6/22*

STATE FORM

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If continuation sheet 1 of 8

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V 132	<p>Continued From page 1</p> <p>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 ensure that allegations against staff and results of investigations were reported to the Health Care Personnel Registry (HCPR) affecting 2 of 4 audited staff (#1 and the Director). The findings are:</p> <p>Reviews on 8/4/2022 and 8/8/2022 of Former Client (FC) #4's record revealed: - Admission date: 2/16/2022 - Discharge date: 7/26/2022 - Diagnoses: Post-traumatic Stress Disorder; Oppositional Defiant Disorder; Attention Deficit-Hyperactivity Disorder, combined; Mild Intellectual Disability Disorder; Child Sexual Abuse, Suspected; Child Neglect, Suspected</p>	V 132	<p>Lydia's Group Home has attempted to submit the allegations to the Health Care Registry with failed attempts. Lydia's Home, GP uploaded information and answered the review questions however, did</p>	<p>8/16/22 and Ongoing</p>



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V 132	<p>Continued From page 2</p> <p>- Age: 10 years, 11 months</p> <p>- An undated discharge notice revealed: "... [FC #4] is compulsive with not telling the truth and will say just about anything to justify her behaviors or the situation ... During her most recent elopement, [FC #4] cut a different peer's (Client #3's) foot with some glass that FC #4 found on the ground. FC #4 told the peer to stay with her and that she better say that the group home cut her ...</p> <p>[FC #4] has put herself in very risky and dangerous situations by running away from the facility and has encouraged peers to also run with her and to be dishonest against the group home. [FC #4] had made threats to burn the group home down if and when she returns to the group home ..."</p> <p>Review on 8/4/2022 of Staff #1's employee record revealed:</p> <p>- Hire date: 12/20/2014.</p> <p>- No documentation of disciplinary actions, performance issues or past allegations of abuse/neglect/exploitation of clients.</p> <p>Review on 8/4/2022 of the Director's employee record revealed:</p> <p>- Hire date: 2/23/2008.</p> <p>- No documentation of disciplinary actions, performance issues or past allegations of abuse/neglect/exploitation of clients.</p> <p>Review on 8/4/2022 of the Incident Response improvement System (IRIS) revealed:</p> <p>- No report was present for FC #4 for the 7/24/2022 incident in which FC #4 made allegations that Staff #1 and the Director had choked her and broken her legs and arms.</p> <p>- No initial report to or 5 working day report was made to the HCPR related to the allegations.</p>	V 132	<p>not receive a thumbs up or file completed results as the QP was not aware that was the complete submission.</p> <p>Moving forward, anytime allegations are reported on any staff of Lydia's Home, the QP, Directors will make sure the the allegations are reported in a timely manner and that we receive a confirmation thumbs up that the process is complete.</p> <p>In addition, if Lydia's Home has any issues</p>	<p>8/16/22 and ongoing</p> <p>8/16/22 and ongoing</p> <p>8/16/22 and ongoing</p>

1. The first part of the paper  
describes the general situation  
of the country and the  
position of the city.

2. The second part of the paper  
describes the history of the city  
and the changes which have  
taken place in its development.  
The third part of the paper  
describes the present situation  
of the city and the prospects  
for its future.

3. The fourth part of the paper  
describes the results of the  
survey and the conclusions  
which have been reached.

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V 132	Continued From page 3  Review on 8/8/2022 of the facility's internal level 1 incident reports revealed: - A level 1 report dated 7/24/2022, and signed by the Assistant Director and the Qualified Professional (QP) on 7/25/2022 revealed: "What occurred during the incident? There are allegations reported that [the Director] and [Staff #1] choked [FC #4]. [The Director] has been alleged to have choked [FC #4], broke her legs and arms in her bedroom where another staff was present and [Staff #1] alleged to have choked [FC #4] while she was sitting on the toilet in the bathroom. What steps were taken to handle the situation? Assistant Director and QP were notified of the allegations by a staff member and later hospital staff and another peer (Client #3) who said the consumer said that [FC #4] was reporting to hospital staff that [the Director] and [Staff #1] had choked her. [The Director] was asked to report to the GH to help staff get the consumer to calm down. When [the Director] arrived, [FC #4] was running around the yard with police. [FC #4] asked to call her grandmother and to see her grandmother. [The Director] called her grandmother in hopes that that would calm her down however, the consumer became more upset that she was not at home. [The Director] informed grandmother that she needs to discontinue the call as it seems to be making matters worse. [FC #4] ran to her room, went behind the bed and knocked the picture from the wall which fell on her. Staff monitored the consumer while [The Director] went to get [FC #4]'s medication. Consumer refused to take a medication and then [The Director] came downstairs and allowed the consumer to calm down while staff monitored her in her bedroom. - [Staff #1] worked as fill in on 6/25/22 and	V 132	uploading or submitting allegations, LGH will contact the LME referencing where the consumer is from:  Directors will always check behind the QP to make sure uploads are complete and allegations / incidents are filed correctly.  Directors and QP will follow-up and discuss the outcome of the submission and Always receive a Confirmation page	8/16/22 and ongoing  8/16/22 and ongoing

the first thing I  
noticed when I  
stepped out  
of the car was  
the cold air.

It felt like I  
had been in a  
warm blanket  
and then I was  
thrown into a  
freezer.

The wind was  
howling and  
the snow was  
falling fast.  
I couldn't see  
anything but  
white.



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V 132	<p>Continued From page 4</p> <p>reported the inappropriate behavior ... screaming, yelling, cursing, threatening to harm staff and peers. The Assistant Director instructed [Staff #1] to keep a close eye on the consumer but to allow her some space to calm down. [Staff #1] stated that after a long day of prompting and redirecting the consumer, the consumer finally was able to get on track and complete her evening hygiene routine and dinner as expected. The consumer did not and has not reported any allegations to management or staff concerning these allegations per this date.</p> <p>- Assistant Director and QP talked with the other consumers individually in the group home in which all stated that none of the allegations were true.</p> <p>- Assistant Director and QP concluded that based on the timeline of events, speaking with Guardian who has picked [FC #4] up for day visits, (including the weekend of allegations) and speaks with [FC #4] often on phone call nights, and speaking with consumers in the home that these allegations are not true."</p> <p>Interview attempt on 8/11/2022 with FC #4's home Local Management Entity/Managed Care Organization (LME/MCO) Quality Management (QM) Department revealed:</p> <p>- The call to the LME/MCO QP was not answered.</p> <p>- No response to Surveyor's message requesting return call was received by the time of exit.</p> <p>Interview on 8/16/2022 with the HCPR Staff revealed:</p> <p>- No report of allegations against Staff #1 or the AD or 5-working day report had been received by HCPR.</p> <p>- No incident report for FC #4's 7/24/2022 incident that included a report of allegations</p>	V 132		

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V 132	<p>Continued From page 5</p> <p>against staff could be found in the IRIS database.</p> <p>Interview on 8/11/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- She usually worked at sister facility.</li> <li>- She had only worked at the facility one weekend at the end of June 2022 while FC #4 was there.</li> <li>- FC #4 had climbed out of her window and ran away.</li> <li>- She had called the police to assist in locating FC #4.</li> <li>- When she was brought back to the facility, FC #4 initially did not want to go back in the house, but eventually "got back on track."</li> <li>- She thought that FC #4 made the allegations against facility staff approximately one month after that.</li> <li>- She had been contacted while she was on vacation and interviewed by facility management staff as part of an investigation into the allegation against her.</li> <li>- She had never choked or otherwise mistreated FC #4.</li> </ul> <p>Interview on 8/11/2022 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- On 7/24/2022, FC #4 crawled out of her bedroom window and ran away from the facility with Client #3.</li> <li>- While they were AWOL (absent without leave), FC #4 and Client #3 went to an area creek.</li> <li>- Client #3 reported that while they were at the creek, FC #4 cut her (Client #3's) feet with a rock.</li> <li>- She had completed an IRIS report on 7/24/2022 related to the AWOL.</li> <li>- She later learned that FC #4 alleged that Staff #1 and the AD had choked her and broke her legs.</li> <li>- She and the Director conducted an investigation and unsubstantiated the allegations.</li> <li>- She had not entered a new IRIS report for the allegations but did try to upload a copy of the</li> </ul>	V 132		

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V 132	<p>Continued From page 6</p> <p>investigation into IRIS.</p> <ul style="list-style-type: none"> <li>- She did not recall seeing a "thumbs up" page that confirmed the IRIS report was fully submitted.</li> </ul> <p>Interview on 8/16/2022 with the AD revealed:</p> <ul style="list-style-type: none"> <li>- FC #4 and Client #3 were taken to a local hospital for evaluation after they were found following their AWOL from the facility on 7/24/2022.</li> <li>- Client #3 Reported that FC #4 was telling lies about facility staff.</li> <li>- FC #4 accused her and Staff #1 of choking her and breaking her arms and legs.</li> <li>- The local Department of Social Services (DSS) staff had checked FC #4 out and she did not have any injuries.</li> <li>- She had never choked or otherwise abused FC #4.</li> <li>- The QP and Director investigated the allegations and found the allegations to be untrue.</li> </ul> <p>Interviews on 8/4/2022 and 8/16/2022 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- On 7/24/2022, Client #3 and FC #4 ran away from the facility.</li> <li>- While they were AWOL, FC #4 told Client #3 that she would beat her up if she (Client #3) did not lie and say that facility staff had choked her.</li> <li>- DSS investigators had been to the facility to investigate the allegations.</li> <li>- DSS had unsubstantiated the allegations.</li> <li>- She and the QP had also completed an internal investigation and unsubstantiated the allegations.</li> <li>- She and the QP interviewed each client by individually and were consistently told that facility staff had not done anything wrong and had not witnessed anyone choking FC #4.</li> <li>- When a member of the facility's management team was accused of abuse, the process was for</li> </ul>	V 132		

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V 132	Continued From page 7  other, non-accused management staff to complete the investigation. - She thought the report to IRIS regarding the allegations was submitted by the QP on 7/26/2022. - She did not know why the report was not present in IRIS.	V 132		