

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>08/05/2022</b>
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NAME OF PROVIDER OR SUPPLIER  
**ELIZABETH GROUP HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1015 ELIZABETH DRIVE  
DALLAS, NC 28034**

(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 and follow up survey was completed on 08/05/2022. The complaint was unsubstantiated (intake #NC00189532). Deficiencies were cited.  This facility is licensed for the following 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 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 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.	V 512	V512  Easterseals UCP Finance mailed out the final and complete amount identified in this citation to the individual's Representative Payee..	8/12/22

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Leslie Flowers, Sr. QM Director* 8/15/22

TITLE

(X6) DATE

OCT 11 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 512	<p>Continued From page 1</p> <p>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 audited Clients (#1, #2, #3 and #4). The findings are:</p> <p>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 personal fund account, and (3) Provide for the issuance of receipts to persons depositing or withdrawing funds affecting 1 of 4 audited Clients (#3).</p> <p>Review on 07/15/2022 of a document titled Three Month Internal Investigation Report dated 05/11/2022 and signed by the Quality Management (QM) Director for Clients #1 and #4 revealed: -\$428.37 would be paid to Client #1. -\$3,158.62 would be paid to Client #4.</p> <p>Review on 07/15/2022 of a document titled Three Month Internal Investigation Report undated and signed by the QM Director for Client #2 revealed: -\$1447.80 would be paid to Client #2.</p> <p>Review on 07/15/2022 of a document titled Three Month Internal Investigation Report dated 05/17/2022 and signed by the QM Director for Client #3 revealed:</p>	V 512		

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V 512	<p>Continued From page 2</p> <p>-\$287.22 would be paid to Client #3.</p> <p>Review on 08/01/2022 of Emailed Correspondence dated 08/01/2022 from the Senior QM Director to the Division of Health Service Regulation (DHSR) Surveyor revealed:</p> <p>-Client #1: Reimbursed- \$430.32. Owed- \$225.21. -Client #2: Reimbursed- \$1,311.09. Owed- \$213.72. -Client #3: Reimbursed- \$287.22. Owed- \$1786.53 -Client #4: Reimbursed- \$3338.68. Owed- \$5808.60.</p> <p>Review on 08/01/2022 of June 2022 bank statements for Clients #1, #2, #3, and #4 revealed:</p> <p>-Client #1: Deposit on 05/27/2022 for \$428.37. -Client #2: Deposit on 05/27/2022 for \$1447.80. -Client #3: No bank statement provided. -Client #4: Deposit on 05/27/2022 for \$2186.32.</p> <p>Review on 08/01/2022 of bank deposit receipts for Clients #1, #2, #3, and #4 revealed:</p> <p>-Client #1: Deposit on 05/27/2022 for \$428.37. -Client #2: Deposit on 05/27/2022 for \$1447.80. -Client #3: Deposit on 05/27/2022 for \$287.22. -Client #4: Deposit on 05/27/2022 for \$2186.32</p> <p>Review on 08/01/2022 of the Licensee's Payment Request Form for submission to the Internal Finance Department dated 08/01/2022 for Clients #1, #2, #3, and #4 revealed:</p> <p>-Client #1: Check Request for \$225.21. -Client #2: Check Request for \$213.72. -Client #3: Check Request for \$1786.53. -Client #4: Check Request for \$5805.60.</p> <p>Interview on 08/05/2022 with the Group Home</p>	V 512		

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V 512	<p>Continued From page 3</p> <p>Manager/Qualified Professional (QP) revealed: -"No. I don't know where the old transaction logs are. I started from scratch when I came on in December 2021. I don't think there are old transactions logs, but I will need to reach out to [Residential Director] about that." -"It was Wednesday or Thursday (7/28/2022) when the excel spreadsheet was sent to me to review and I went through to make sure the members had possession of the items or that I had seen them."</p> <p>Interview on 07/29/2022 with the Residential Director revealed: -"[Group Home Manager/QP] confirmed that the items were in the members possession with the exceptions of consumables." -Did not have the final accounting of misappropriated/unaccounted funds for Client #3. -Unable to explain the initial payback calculations or the adjusted payback totals. -"We are still waiting on receipts."</p> <p>Interview on 07/29/2022 with the QM Director revealed: -"I am afraid to give you a number. Let me talk to [Senior QM Director] and [Residential Director]." -Made initial payback payments to Clients #1, #2, #3, and #4. Unable to explain initial payback calculation. -Did not know if the second payment had been made. -Adjusted payback totals to Clients #1, #2, #3, and #4 by ruling out what appeared to be normal spending and items listed on receipts obtained from the Health Care Personnel Registry (HCPR) Investigation. -Full payback to Clients #1, #2, #3, and #4 had been delayed due to waiting on more information from HCPR and the purchase receipts obtained</p>	V 512		

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V 512	<p>Continued From page 4</p> <p>during the HCPR investigation.</p> <p>Review on 08/05/2022 of the Plan of Protection (POP) addendum dated and signed by the QM Director on 04/11/2022 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>-On 8/5/2022 QM Residential Specialist discussed and documented on the Group Home Manager's Supervision Plan to implement the following for resident [Client #3]: All transactions will be documented on the transaction ledger and receipts attached after each purchase. By the 10th of each month, beginning Aug. 10, 2022 Staff will request [Client #3]'s bank statement and upload that, with a copy of receipts, to the Residential Monthly Financials.</p> <p>-Per last SOD (Statement Of Deficiency) all Residents [Clients #1, #4, #3 and #2] will be paid in full by 8/19/22.</p> <p>-A letter will be sent out to all Legally Responsible Person (LRP)'s, from the Regional Director, by 8/12/2022 to inform them that their resident has been paid in full.</p> <p>Describe your plans to make sure the above happens.</p> <p>-QM, Regional Director or Program Coordinator will monitor the Residential Financials monthly and document on the spreadsheet provided in Residential Financials that this has occurred.</p> <p>-Per last SOD all Residents [Clients #1, #4, #3 and #2] will be paid in full by 8/19/22.</p> <p>-A letter will be sent out to all LRP's, from the Regional Director, by 8/12/2022 to inform them that their resident has been paid in full."</p> <p>The Licensee failed to reimburse Clients #1, #2, #3, #4 in full for the misappropriated/unaccounted for funds totaling \$29,881.42 as required. The Licensee provided partial payments to Clients #1,</p>	V 512		

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V 512	Continued From page 5  #2, #3, and #4 totaling \$4349.71 and failed to demonstrate the accounting system for the payout. In addition, the Licensee ruled out charges they determined to be normal spending, obtained purchase receipts from the Health Care Personnel Registry (HCPR) Investigation and adjusted the total reimbursable amounts owed to Clients #1, #2, #3, and #4. The Licensee had no accounting system for the fiscal adjustments for Clients' #1, #2, #3, and #4 personal fund accounts as required. The Licensee continues to not manage or maintain proper accounting records for Clients #3. The deficiency constitutes a continued 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 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;	V 542	V542 AP – Individual signed the Money Management agreement and all her finances are uploaded following ESUCP financial process which is: Monthly obtain receipts, bank statements, and upload into the P Drive.	8/28/22



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V 542	<p>Continued From page 6</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(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;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: 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 personal fund account, and (3) Provide for the issuance of receipts to persons depositing or withdrawing funds affecting 1 of 4 audited Clients (#3). The findings are:</p> <p>Review on 07/26/2022 of a document titled Agreement to Money Management signed and dated on 01/14/2021 by the Client #3's Guardian revealed: -"I am requesting the staff of Easter Seals UCP North Carolina (Licensee) assist me with the</p>	V 542		

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V 542	<p>Continued From page 7</p> <p>management of the personal money I receive each month. I am aware that an accurate accounting of monies received and disbursed and the balance on hand will be made available to me upon request. I understand I can end this agreement at any time."</p> <p>Review on 07/26/2022 and 07/29/2022 of Client #3's receipts from 05/06/2022-07/14/2022 revealed: -Purchases from local retailer on 05/27/2022 for \$11.75, 05/28/2022 for \$61.57, and 06/17/2022 for \$25.68. -Purchases from local restaurant on 05/27/2022 for \$11.65 and 05/28/2022 for \$5.35. -Bank deposit on 05/27/2022 for \$287.22.</p> <p>Review on 07/26/2022 and 07/29/2022 of Client #3's transaction register (log) from 05/06/2022-07/14/2022 revealed: -No transactions for the purchase receipts listed above for Client #3.</p> <p>Review on 08/01/2022 of Emailed Correspondence dated 08/01/2022 from the Senior Quality Management (QM) Director to the Division of Health Service Regulation (DHSR) Surveyor revealed: -" ...Attached are the Bank Statements with the proof of reimbursement. We are missing [Client #3]'s- she had changed her log in and we have not been able to get back in. We do have the deposit slips that indicate the money was deposited ..."</p> <p>Interview on 07/26/2022 with Client #3 revealed: -Group Home Manager/Qualified Professional (QP) managed her money. -Had online banking app on her cellular phone. -"I check it (account balance) but show it to</p>	V 542		



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V 542	<p>Continued From page 8</p> <p>[Group Home Manager/QP], GH staff and [Client #3's Guardian]."</p> <p>-"I think [Group Home Manager/QP] get it (copy of bank statements) in the mail. [Group Home Manager/QP] has to have the receipts. Everything I buy she (Group Home Manager/QP) has to have them (receipts)."</p> <p>-Debit card was kept in the staff's office.</p> <p>Interview on 08/05/2022 with the Group Home Manager/QP revealed:</p> <p>-"I think there was miscommunication about if we should be tracking her (Client #3) like we do the other ones. She does mobile banking on her phone, so she keeps track of her spending on her own."</p> <p>-"Sometimes she will give receipts and sometimes she don't give them, which is okay."</p> <p>Interview on 08/05/2022 with the Residential Director revealed:</p> <p>-"I will ensure QP (Group Home Manager/QP) manage funds for [Client #3] correctly. Even if, she has to get copies of bank statements each month."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 from Harm, Abuse, Neglect or Exploitation (V512) for a continued Failure to Correct Type A1 rule violation.</p>	V 542		

October 7, 2022

Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2705

RE: MHL 036-068

Dear Pam Pridgen,

Attached please find the Corrective Action noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation- Mental Health Licensure & Certification Section Complaint and Follow-up Survey completed on August 5, 2022 at the Easterseals UCP Elizabeth Group Home.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Leslie Flowers by phone at 919-623-3602 or through e-mail at [leslie.flowers@eastersealsucp.com](mailto:leslie.flowers@eastersealsucp.com).

Respectfully submitted,

Leslie Flowers  
Senior Quality Management Director  
Easterseals UCP North Carolina & Virginia, Inc.