

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/10/22
NAME OF PROVIDER OR SUPPLIER Luca's Hope III		STREET ADDRESS, CITY, STATE, ZIP CODE 243 Liledoun Road Taylorsville, NC 28681	
(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)

V000 Initial Comments:

A complaint survey was completed on 10/10/22. The complaint was substantiated (Intake # NC00193246). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment for Children and Adolescents.

The facility is licensed for 6 and had a census of 4 clients. The survey sample consisted of audits of 1 current client.

V000

DHSR - Mental Health
NOV 21 2022
Lic. & Cert. Section

V110 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.

V110

Luca's Hope will ensure that staff trainings will be kept current & renewed without lapse in validity. Luca's Hope will & has had a recent training for all staff regarding how to effectively deescalate a situation without having to become physical with clients. A EBPI training was completed by all staff on October 17th 2022. Staff were also trained on effective communication & the importance of relaying all conflicts. Incidence to the facility & staff were trained again on incident reporting & the importance of doing so.

PROVIDER LICENSEE OR LICENSEE DESIGNEE SIGNATURE: _____ TITLE: Director DATE: 11/9/22

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V110 (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 interview and record review the facility failed to ensure staff demonstrated the knowledge, skills and abilities required by the population served for one of one staff (Staff #1). The findings are:

Review on 9/29/22 of Staff #1's employee file revealed:
 -Date of hire – 7/15/19.
 -Date of training on alternatives to restrictive interventions – 9/9/21. Expires 9/30/22.

Review on 9/29/22 of Client #1's record revealed:
 -Date of admission – 7/19/22.
 -Age – 13 years.
 -Diagnoses of Attention-Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Specific Learning Disorder, Anxiety Disorder, Depression and Autism Spectrum Disorder.
 -Person-Centered Profile dated 7/11/22 and revised 8/15/22 – "...continues to struggle abiding by rules...ignores boundaries...tried to fight staff while cursing others...bullies younger smaller peers hitting them and choking them even where there is no issue or altercation happening..."

Review on 9/29/22 of an Incident Response Improvement System (IRIS) report last submitted on 9/20/22 by the Director/Chief Executive Officer (CEO) revealed:
 -Date of incident 9/12/22 involving Client #1 and Staff #1.
 -Client #1 punched Staff #1 in the face for telling him he could not eat Nutella directly out of the jar.
 -Staff #1 sent client to his room "...because he was out of control and being very loud and combative. Client later calmed down and staff took

V110 Luca's Hope will ensure that STAFF will have another training about client behavior de-escalation during Fts next meeting that is scheduled for 11/21/22. STAFF will learn different techniques & coping skills that will keep a situation with a combative client under control. Luca's Hope recognizes that this incident could have been avoided IF STAFF had walked away from client as soon as staff realized client was angry & upset

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V110	<p>the trash outside...when he came back inside, he saw [Client #1] and one of his peers fighting. Staff (Staff #1) separated the two clients by pulling [Client #1] by his wrist and leading him to his room because he was still trying to fight/kick staff for breaking them up preventing him from continuing to fight...[Client #1] stated that his arm was bruised, and he felt that staff caused this and not his peers...."</p> <p>-“This incident could have been prevented if staff had walked away from client as soon as he realized client was verbally and inappropriately upset. This may have assisted with client calming down and the situation deescalating itself without client punching staff...."</p> <p>-Staff #1 "...was informed that he would not be able to work with the clients until after the investigation was completed by DSS (Department of Social Services) and found unsubstantiated."</p> <p>Interviews on 9/27/22 with Clients #2 and #3 revealed:</p> <p>-They had fought with Client #1. -They witnessed him trying to knock Staff #1 down and hitting and kicking staff.</p> <p>Interview on 9/27/22 with Client #4 revealed:</p> <p>-He was aware of a separate incident when Client #1 locked himself in the bathroom. -He saw Staff #1 "...yanked his (Client #1) arm...pulling him out...yanking and he (Staff #1) slid him (Client #1) across the floor...[Client #1] was trying to fight back..." -He did not know when this incident occurred.</p> <p>Interviews on 9/29/22 and 10/6/22 with Client #1 revealed:</p> <p>-On 9/12/22 Staff #1 "...was mad at me for being defiant...he grabbed my arm and twisted it around my back...." -He remembered locking himself in the bathroom shortly after he was admitted to the facility.</p>	V110	
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-He did not remember anything else about this incident.

Interviews on 10/3/22 and 10/5/22 with Staff #1 revealed:

- The morning of 9/12/22 there were several altercations between clients.
- When he returned after taking the trash out Client #1 and Client #2 were on the floor fighting.
- Client #2 was willing to quit but Client #1 continued to fight and hit him (Staff #1).
- "I tried to take him to the bedroom to get him away, pretty much a struggle with that...I grabbed his (Client #1's) right arm around the elbow...helped him off the floor. He was getting up but was trying to fight...let go of his arm when got into the hallway..."
- In order to de-escalate "...a lot of times have to call [Director/CEO] and let her talk to him (Client #1)."
- Another incident that occurred on a date unknown, Client #1 locked himself in the bathroom the first weekend he worked with him.
- Once Client #1 opened the bathroom door, "...he came out fighting...pulled him by his legs and pulled him out...he slid across the floor..."
- "The incident lasted about 15 minutes and he (Client #1) kept saying I'm not coming out. When he did finally open the door, he was on the floor, kicking and kicked me in the groin. That's when I grabbed his ankles."
- He told Client #1 to "...get up and grabbed his arm just above the elbow..."
- He de-escalated Client #1 by "...getting control of him and not getting hurt. Things happen so fast and stop it as fast as you can...minimize the struggle...get them (clients) by the elbow..."

Interviews on 9/29/22, 10/5/22 and 10/6/22 with the Director/CEO revealed:

- She found out about the 9/12/22 incident the next day (9/13/22) after another staff member told her and then Client #1's school called her.

V110

Luca's Hope will ensure that a review of Incidents & de-escalation skills are reviewed on a monthly basis at staff meetings each month. This will be implemented to prevent incidents like this to ever happen again.

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-Staff #1 was immediately suspended on 9/13/22 and had not returned to the facility since.
 -When clients are fighting she would expect staff to "...keep everybody safe...get everyone else out of the way to their rooms...I would want them (staff) to separate them...keep them out of the same room...what is that going to solve if you force them to go to their room...ask other guys (clients) to go if he [Client #1] won't...."
 -The only thing she was told by Staff #1 when Client #1 locked himself in the bathroom was that he was "acting out" because he didn't want to do chores.
 -What she "understood it only lasted a few minutes."
 -"He (Staff #1) didn't say he dragged him out of the bathroom. That would have been written up. They (staff) are not to touch the clients. We are taught not to do that."

Review on 10/10/22 of the Plan of Protection dated 10/10/22 written by the Director/CEO revealed:
 -"What immediate action will the facility take to ensure the safety of the consumers in your care? Luca's Hope will implement an immediate plan that will ensure the safety of all consumers moving forward. The facility will follow through with suspending or possibly terminating staff that was involved in this report because of his own admission that he inappropriately engaged with client on multiple occasions. The facility will provide extra training immediately to all staff regarding how to appropriately engage and respond in certain situations that may arise without engaging with clients physically and inappropriately. The facility will hire a staff that can assist with monitoring staff to ensure staff are providing safe services for all clients. The facility will install cameras within the entire home in all common areas except for client bedrooms and bathrooms.
 -Describe your plans to make sure the above happens.

V110

Luca's Hope has determined that for the sake of clients the facility must move forward with terminating the staff that was involved in the incident. The facility has followed through with educating all staff on incident training, client rights & code of ethics. The facility has hired a house manager so that the home can be monitored more effectively. The facility has purchased camera's & they will be installed within the allowed time frame. The camera's will be installed throughout the entire home within the common living areas with the exception of client rooms.

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V110 Luca's Hope will hire a house manager that will assist with monitoring all staff that work and engage with all clients that are enrolled in the program. The home will contact and schedule a trainer to be a part of the next staff meeting so that additional training can be offered to all staff that engage with the clients. The home will focus more on client incident de-escalation. Luca's Hope will also have camera's installed and will they will be monitored on a regular basis ensuring client safety. Luca's Hope will have all cameras installed immediately."

Review on 10/10/22 of a Plan of Protection addendum dated 10/10/22 written by the Director/CEO revealed:
 -"The facility suspended staff on 9/13/2022 and staff has not worked at the facility since that date. The facility will be meeting in the next 2 weeks to determine whether staff will be permanently suspended/terminated...The facility will also schedule additional training on Effective Communication Skills based on the fact that this incident was not Communicated to the Director immediately. The Director was not informed about this incident and did not learn about the incident until the following day. The Director was informed about the incident by another staff member the following day that the incident happened...
 -The Director will monitor staff and clients to ensure that safe services are being provided by all staff. Luca's Hope will be hiring a house manager that will assist the Director with monitoring all staff that work and engage with all clients that are enrolled in the program moving forward...The meeting, training and cameras will all be in place within the next two weeks no later than 10/31/2022...All cameras will be monitored on a regular basis ensuring client safety."

This is a residential facility for adolescents with diagnoses including Attention-Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Anxiety Disorder, Depression and Autism

V110 The home will focus more on incident de-escalation by improving how the home is monitored & staff responds to clients & situations.

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V110	Spectrum Disorder. Client #1 tended to be defiant and fight other clients and staff. Staff #1 was not able to de-escalate the situation in at least two incidents when Client #1 had locked himself in the bathroom on an unknown date and when he was fighting with other clients on 9/12/22. During both incidents Staff #1 physically intervened by grabbing Client #1 on the ankles to pull him out of the bathroom and by grabbing his wrist/forearm to get him off the floor. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45 th day.	V110		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 1, 2022

[REDACTED]
Luca's Hope, LLC
P.O. Box 442, Suite 307
Sherrills Ford, NC 28673

Re: Revised Letter
Complaint Survey completed October 10, 2022
Luca's Hope III, 243 Liledoun Road, Taylorsville, NC 28681
MHL #002-028
E-mail Address: valariestanback@yahoo.com
Intake #NC00193246

Dear Ms. Stanback:

Thank you for the cooperation and courtesy extended during the complaint survey completed October 10, 2022. The complaint was substantiated.

Enclosed are your findings listed on a Limited Use Statement of Deficiencies Form. The purpose of these findings is to provide you with specific details of the practice that does not comply with state regulations. Once we have access to our IT System, we will send out the official Statement of Deficiencies. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for **10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110)**.

Time Frames for Compliance

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is November 24, 2022. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against Luca's Hope, LLC for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov • TEL: 919-855-4619 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 1, 2022

Director

Luca's Hope, LLC

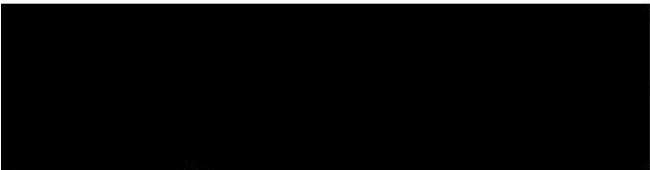
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. *Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.*

Send the original completed form to our office at the following address within 10 days of receipt of this letter.


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

If we can be of further assistance, please call Lynn Grier, Team Leader at 336-247-1723.

Sincerely,



MSW



Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
Pam Pridgen, Administrative Supervisor