

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/22/2022
NAME OF PROVIDER OR SUPPLIER S & S RESIDENTIAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 WEST RIDGE ROAD SALISBURY, NC 28147		
(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 An annual, complaint, and follow up survey was completed on November 22, 2022. The complaint was unsubstantiated (intake # 193926). Deficiencies were 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 currently has a census of 4. 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.	V 132		

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

TITLE

(X6) DATE

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Department was notified of all allegations of abuse against staff. The findings are:</p> <p>Record review on 11/22/22 of the internal investigation revealed: -Incidents reportedly happened in the past between client #1, client #2, and the Qualified Professional (QP). There were allegations that the QP had grabbed the clients by the neck, slammed their head against the wall, slammed them on the bed and cursed at them; -An internal investigation was completed but no report was made to Health Care Personnel</p>	V 132			

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V 132	<p>Continued From page 2</p> <p>Registry (HCPR).</p> <p>Interview on 11/22/22 with client #1 revealed: - "She told the school counselor on 10/4/22 that the QP said she couldn't go see her brother for the state fair;" - The QP opened the door to her bedroom and would not move because she was in her room throwing things.</p> <p>Interview on 11/22/22 with the Owner revealed: - She found out that an allegation of abuse was made against the QP when the Social Worker from the local Department of Social Services came to the facility; - Got statements from client #1, client #2, and notified the Quality Assurance (QA) for the facility the next day of the incident; - QA reported that the QP could not work; - She completed the documentation for the internal investigation, no incident report was completed, and the allegations were not reported to HCPR; - "If [client #1] would have stuck with her story, then [QA] would have taken over the investigation, reported the QP to the HCPR, and completed the investigation;" - Client #1 has never made allegations toward the QP or any staff before this situation.</p> <p>Interview on 11/21/22 with the QP revealed: - Not at any time, did she put her hands on the client, not at any time did she slam the client on the bed.</p> <p>Interview on 11/21/22 with the Licensed Professional revealed: - Client #1 told her that she lied because she does not like the QP, and she was going along with another girl (client #2);</p>	V 132		

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V 132	Continued From page 3 - "Noticed with [client #1] that sometimes she likes [QP] and sometimes she does not."	V 132		