

PRINTED: 12/30/2022  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on December 9, 2022. The complaints were substantiated (intakes #NC00193045, #NC00195125, and #NC00195132). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p> <p>This survey was originally completed on November 2, 2022. It was reopened due to the submission of additional information and additional intakes.</p> <p>The Group Home Manager and Staff #1 are married to each other and both work at the facility.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p>	V 105		

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

*Jeanette Pamett, Program Director* TITLE: **Program Director** (X6) DATE: **1/13/2023**

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V 105	Continued From page 1  (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this	V 105		

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V 105	<p>Continued From page 2</p> <p>purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to implement written policies for the transportation of clients. The findings are:</p> <p>Review on 12/07/22 of the Licensee's undated "Transportation of Persons Served" policy revealed: - "... Staff members who will be qualified to transport persons served must have current the following: Valid driver's license, Proof of liability insurance, Both of which will be kept up to date in the employee's file."</p> <p>Observation on 10/31/22 at approximately 4:30 pm of the license tag on client #1's vehicle revealed the vehicle's registration expired June 2022.</p> <p>Review on 12/08/22 of a photograph of staff #1's North Carolina Division of Motor Vehicles Registration Card and Receipt of Fees Paid dated 11/01/22 provided by the House Manager revealed expiration date of 11/30/23.</p>	V 105	<p>As of 1/1/2022, all vehicles being utilized to transport individuals served within this home, have current liability insurance and are currently registered within the state of NC. The monthly checksheets that are completed, will now have an area designated where home manager can notate that the tags and insurance is current on all vehicles used to transport residents.</p>	1/1/2023

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V 105	<p>Continued From page 3</p> <p>Review on 10/25/22 of a text message sent on 10/24/22 by client #1's Mother/Legally Responsible Person (LRP) revealed a photograph of staff #1's license tag with an expiration date of June 2022.</p> <p>During interview on 10/18/22 client #1's Mother/LRP stated: - Staff #1 once took client #1 to a medical appointment in a town approximately 3 hours away from the facility in a vehicle with an expired license tag; she took a photograph of the expired tag.</p> <p>Review on 11/02/22 of a text message sent from client #1's mother/LRP revealed: - Client #1 had an appointment with his eye doctor on 9/26/22. - "... That is when I took pictures . . . and [staff #1's] car plate."</p> <p>During interview on 10/31/22 staff #1 stated: - Client #1's Mother/LRP once blocked his vehicle in a parking lot and told him his license tag was expired. - He forgot to put the new tag on the license plate when he paid the registration; he had the new tag in the glove compartment.</p> <p>During interview on 12/08/22 the House Manager stated she asked staff #1 when he renewed the license tag on his vehicle and he became defensive and "went off on me."</p> <p>During interview on 12/09/22 the Program Director/Vice President stated: - Company owned vehicles were available for staff #1 to use to take client #1 to his medical appointments.</p>	V 105		

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V 105	Continued From page 4  - Company owned vehicles were maintained and serviced regularly.	V 105		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) 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. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109		

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V 109	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 2 Qualified Professionals (QP #1) failed to demonstrate the knowledge skills and abilities required. The findings are:</p> <p>Review on 10/28/22 of facility records revealed: - License for 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities. - Capacity of 3 clients. - No current licensure for respite services.</p> <p>Review on 10/18/22 of a Division of Health Service Regulation Statement of Deficiencies for a survey of the facility completed on 4/07/22 revealed a deficiency was cited because the facility provided respite services without a license for respite.</p> <p>Review on 10/31/22 of client #2's record revealed: - 8 year old male admitted 7/27/22. - Diagnoses included Autistic Disorder, and Attention Deficit Hyperactivity Disorder, combined presentation. - Person Centered Profile updated 10/11/22 included "... Respite services is ongoing due to giving the primary care giver relief. [Client #2 's] team plan on discussing and exploring the emergency waiver for him to remain at the current placement." - Memorandum dated 7/27/22 signed by QP #1 included "[Client #2] ... is being admitted ... as</p>	V 109	<p>Qualified Professionals with Paradigm, Inc. have received an in-service with [REDACTED] on [REDACTED] or QP roles and the referral process. The QP understands and is able to demonstrate knowledge of the referral process, types of licensure as it relates to the agency in which they are employed, admission criteria to those residential programs and any other pertinent information regarding referrals.</p>	11/30/2022

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V 109	Continued From page 6  an emergency respite placement . . . " - "Notice of Authorized Services" from the Local Management Entity/Managed Care Organization (LME/MCO) dated 10/20/22 included ". . . the following services are included in this treatment authorization . . . Individual Respite . . . Authorization Effective Date 10/18/2022 . . . Authorization End Date 11/18/22 . . ."  During interview on 11/01/22 QP #1 stated: - Client #2 was admitted for respite services. - Residential goals were added to client #2's person centered plan dated 10/11/22.  During interview on 11/01/22 the Program Director/Vice President stated: - The QP's received referrals for services, and she made the decision to admit clients for services based on referral information and the QP 's recommendation. - Understood the facility was not licensed to provide respite services and should not have admitted client #2 for respite services.	V 109		
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;	V 112		

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V 112	Continued From page 7  (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 provider stating why such consent could not be obtained.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement strategies for 1 of 2 current clients (#1). The findings are:  Review on 10/31/22 of client #1's record revealed: - 16 year old male admitted 5/18/21. - Diagnoses included Intellectual/Developmental Disability, severe; Autism Spectrum Disorder; Pica; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder; and Snijders Blok Campeau. - Person Centered Profile effective 6/01/22 included a goal to attend all medical and professional appointments with a strategy to " . . . Ensure that [client #1] is transported to all appointments that are in person; Communicate any issues with scheduling or missed	V 112	Paradigm, Inc. does ensure that all individuals are transported to and from all appointments. Providers will notify program director regarding any transportation issues at least 3 days prior to any scheduled appointments. When needed, the home has access to several transport vehicles located at other Paradigm, Inc. licensed homes for use to ensure individuals are able to attend their appointments with no barriers to transportation.	11/30/2022



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V 112	<p>Continued From page 8</p> <p>appointments with the guardian/mother; per Mom, she wants to be on the call, during the appointment the entire time so that she can hear what is being discussed. . . "</p> <p>During interview on 10/31/22 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- One of his responsibilities was to transport client #1 to his scheduled appointments.</li> <li>- Client #1 ' s mother scheduled all of his appointments and notified the facility of the appointments approximately 2 - 3 weeks in advance.</li> <li>- Client #1 missed scheduled appointments once because "both cars" were not working properly; he could not recall the date of the missed appointments.</li> <li>- The missed appointments were re-scheduled.</li> </ul> <p>During interview on 11/01/22 the Program Director/Vice President stated:</p> <ul style="list-style-type: none"> <li>- Staff were responsible for providing transportation to medical, dental, and mental health appointments.</li> <li>- Client #1's medical and dental providers were located in cities approximately 3 hours away from the facility.</li> <li>- Understood there was a strategy in client #1's plan that required staff to provide transportation to appointments.</li> <li>- Considered purchasing a van for the facility's use to ensure reliable transportation was available.</li> </ul>	V 112		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the</p>	V 132		

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V 132	<p>Continued From page 9</p> <p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>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>	V 132		

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V 132	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) and failed to submit the results of an investigation to the Department. The findings are:</p> <p>Review on 10/18/22 of a Statement of Deficiencies for a survey of the facility completed on 4/07/22 revealed:</p> <ul style="list-style-type: none"> <li>- An allegation of abuse was investigated by a local Department of Social Services (DSS).</li> <li>- No report was made to the HCPR by the facility.</li> <li>- The Qualified Professional/Clinical Supervisor was aware allegations of abuse were to be submitted to the HCPR and an investigation needed to be completed.</li> </ul> <p>Review on 10/31/22 of facility records revealed no documentation of a report to HCPR or an internal investigation following the 4/07/22 survey.</p> <p>During interview on 10/31/22 the Program Director/Vice President stated she was not sure if a report was submitted to HCPR following the April 2022 survey. The Qualified Professional/Clinical Supervisor would have completed the report.</p> <p>During interview on 10/31/22 the Qualified Professional/Clinical Supervisor stated she did not do an internal investigation and did not submit a report to HCPR immediately following the 4/07/22 survey.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 132	<p>Paradigm, Inc. continues to follow policy and procedure as it relates to requirements to submit any allegations of abuse, neglect, and exploitation thru the use of IRIS. In this case, the agency was only aware of a report stating that staff was eating their food in front of the residents. QP was not made aware that a report had to be completed after the state surveyor informed Paradigm of the alleged report. Report has been submitted on 11/23/2022.</p>	11/23/2022

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V 132	Continued From page 11 and must be corrected within 30 days.	V 132		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>		
(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 289	Continued From page 12  substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to operate within the scope of its license affecting 1 of 2 current clients (#2). The findings are:  Review on 10/28/22 of facility records revealed: - License for 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities. - Capacity of 3 clients. - No current licensure for respite services.	V 289	QPs with Paradigm, Inc. have received an in-service on the referral process. The individual in questions with this rule had received an innovation waiver sidt on 11/2/2022 and continues to be a resident of that home. One of the services he is authorized for is a residential service which is supported by the current license held for that home. As of 11/30/2022 , QP are fully aware that the home cannot support individuals receiving respite.	11/30/2022

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V 289	<p>Continued From page 13</p> <p>Review on 10/31/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 8 year old male admitted 7/27/22.</li> <li>- Diagnoses included Autistic Disorder, and Attention Deficit Hyperactivity Disorder, combined presentation.</li> <li>- Person Centered Profile updated 10/11/22 included "... Respite services is ongoing due to giving the primary care giver relief. [Client #2 's] team plan on discussing and exploring the emergency waiver for him to remain at the current placement."</li> <li>- Memorandum dated 7/27/22 signed by the Qualified Professional #1(QP #1) included "[Client #2] ... is being admitted ... as an emergency respite placement ..."</li> <li>- "Notice of Authorized Services" from the Local Management Entity/Managed Care Organization (LME/MCO) dated 10/20/22 included "... the following services are included in this treatment authorization ... Individual Respite ... Authorization Effective Date 10/18/2022 ... Authorization End Date 11/18/22 ..."</li> </ul> <p>During interview on 11/01/22 QP#1 stated:</p> <ul style="list-style-type: none"> <li>- Client #2 was admitted for respite services.</li> <li>- Residential goals were added to client #2's person centered plan dated 10/11/22.</li> </ul> <p>During interview on 11/01/22 the Program Director/Vice President stated:</p> <ul style="list-style-type: none"> <li>- The QPs received referrals for services, and she made the decision to admit clients for services based on referral information and the QP's recommendation.</li> <li>- A representative of the LME/MCO told her and QP #1 they were seeking long-term placement for client #2 but needed an emergency placement until long term placement could be identified.</li> <li>- A representative from the LME/MCO told her the</li> </ul>	V 289		

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V 289	Continued From page 14  facility could provide respite services because it was licensed. - The LME/MCO representative asked her to add respite services to the facility 's license. - Hoped the LME/MCO would be able to approve client #2 for the Innovations Waiver services, including residential services. - Had a difficult time refusing services to children in need. - Understood the facility was not licensed to provide respite services. - Would have QP#1 contact client #2's Department of Social Services Social Worker and have him removed from the facility on 11/02/22.  During interview on 11/02/22 the Program Director/Vice President stated a representative from the LME/MCO notified her that client #2 had been approved for an emergency Innovations Waiver slot.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 289		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally	V 291		

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V 291	<p>Continued From page 15</p> <p>Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and the individuals responsible for the client's treatment affecting 1 of 2 current clients (#1). The findings are:</p> <p>Review on 10/31/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 16 year old male admitted 5/18/21.</li> <li>- Diagnoses included Intellectual/Developmental Disability, severe; Autism Spectrum Disorder; Pica; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder; and Snijders Blok Campeau.</li> <li>- Letter addressed "To the Guardian of [client #1]" dated 4/15/22 and signed by client #1's Primary Care Provider (PCP) included ". . . He has been prescribed 4 cans of PediaSure (nutritional supplement) daily of which 2 can be given at</li> </ul>	V 291	<p>Agency will develop a statement for all guardians, guardian representatives, and/or parents involved in the care of their children and/or the adult to ensure that Paradigm employees, direct care staff, house managers, QPs and any other pertinent staff will be able to participate in all appointments, unless there is a stipulation from the medical provider, i.e., only one person can go to the back, or guardian can only be present in the back. In a situation such as this, the guardian will agree to communicate all information shared at the appointment with the direct care staff who has accompanied the person to the appointment and also the QP for the person. The QP will ensure that a clinical note is placed in the file for the person with information included regarding sharing of information between the QP and the guardian of the person. Statement will also include that all paperwork provided at the appointment also be provided to the agency for their records. In addition to the statement being provided, upon admission of new residents, Paradigm will ensure that inventory is conducted of all items that the individual brings with them to the home, to include but not limited to clothing, medications, personal items, etc. Staff will ensure that the inventory sheet is signed and dated and placed in the medical record.</p>	12/31/2022



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V 291	<p>Continued From page 16</p> <p>school on school days. On non-school days he should have all of them provided at his place of residence. They are prescribed 120 cans per month so there should be no can leftover at the end of the month. Please ensure he is getting all of his supplemental PediaSure."</p> <p>- Prescriptions dated 7/29/21 and 10/07/22 signed by client #1's PCP for PediaSure 1 can four times daily "... Dispense/Supply &lt;120 each&gt; ..."</p> <p>- No documentation of communication by the Licensee/facility with client #1's Mother/Legally Responsible Person (LRP) regarding discharge planning.</p> <p>- Memorandum dated 11/19/22 included "... a list of items being sent with [client #1] ... for respite stay ... 170 PediaSure ..."</p> <p>Finding #1: Review on 12/01/22 and 12/08/22 of documentation from client #1's PCP and Endocrinologist revealed: - PCP note dated and signed 11/18/22 "... Associated Diagnoses: ... underweight due to inadequate caloric intake ... Height (HT)160.8 cm (centimeters, 5 feet 3 inches) ... clinical Weight (WT) 44.1 kg (kilograms, 97.02 pounds) . . . Significant concerns for neglect primarily malnutrition ... Letter provided stating that the patient should have adequate growth and weight gain with 2000 calorie/day diet and that needs to be ensured for adequate growth, weight gain, and development." - PCP note dated and signed 4/15/22 "... Height 158.1 cm (5 feet 2 inches) ... Clinical Weight 47.3 kg (104.06 pounds) ..." - PCP note dated and signed 9/24/21 "... Height 154.1 cm (5 feet) ... Clinical Weight 45.9 kg (100.98 pounds) ..." - PCP note completed by a Nurse Practioner</p>	V 291	<p>Upon a discharge letter being provided to an individual supported or their guardian, a copy of the letter will continue to also be provided to the care manager/coordinator, if applicable. Follow up will occur between the QP and the care manager with updates being provided on possible placements for the individual. QP will keep documentation in the form of a QP/ Clinical note. QP will communicate with the guardian/family member regardin any updates that are received regarding transitions/updates for the member and document in the form of a QP/ Clinical note and place in the record. QP will continue to document on the QP/Clinical notes as it relates to the care of the individual being supported.</p>	2/8/2023

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V 291	<p>Continued From page 17</p> <p>dated and signed 2/15/21 " . . . Height 148 cm (4 feet 10.27 inches) . . . Clinical Weight 47 kg (103.4 pounds) . . . "</p> <p>- Endocrinologist note dated and signed 11/18/22 " . . . Bone age xray personally reviewed today and I find it closest to 15 year standard. This should allow for a bit more height. I think his lack of height gain is more due to inadequate calorie intake these past 6 months. . . He has lost 12 pounds in the past 18 months and is definitely due to being given inadequate calories. He continues to lose weight over the past 6 months . . . There is still significant concern about lack of proper nutrition and oversight of adequate food intake. He has not been getting the 4 servings of PediaSure each day . . . He is supposed to be getting appetite stimulant, cyproheptadine every day. . . HT 159 cm (5 feet 2.6 inches) WT: 43.4 kg (95.48 pounds) . . . He is challenging to measure accurately due to following directions and staying in proper posture. I did my best and personally measured him. Growth velocity = 0.6 cm/year. Essentially no growth. . . I am alarmed that he continues to lose weight. since placement at his current group home starting about 18 months ago, he has steadily lost weight. Prior to placement, his growth curve shows clear ability to gain very nice weight and also grow. Between July 2020 and April 2021 he gained 34 pounds. I have not been able to identify any underlying endocrinologic disorder for [client #1]. He has failed to grow over the past 6 months and I am concerned this is secondary to malnutrition. . . "</p> <p>- Endocrinologist note dated and signed 9/24/21 " . . . Chief Complaint: Short Stature Problem List . . . Underweight due to inadequate caloric intake . . . HT 154.1 cm (5 feet) WT 45.9 kg (100.98 pounds) . . . He continues to make nice progress in his linear growth but he has unfortunately lost weight in his new environment and on return to</p>	V 291		

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V 291	<p>Continued From page 18</p> <p>school. This is potentially concerning. . . I am concerned he is not getting enough calories each day and he may choose to go without unless encouraged by adults around him . . . At minimum he needs to be consuming 4 servings or Pediasure each day with supervision. . . . Recommendations . . . Institute Pediasure 4 servings per day (2 at school and 2 at home). . . "</p> <p>- Prescription signed by client #1's Primary Care Physician (PCP) dated 7/29/21 for Pediasure 1 can by mouth four times daily; and prescription electronically signed by the PCP dated 9/24/21 for cyproheptadine 4 milligrams, 1 tablet every evening.</p> <p>Review on 12/01/22 of client #1's Medication Administration Records (MARs) for September 2022- November 2022 revealed transcriptions for PediaSure 1 can four times daily, documented as given four times daily and cyproheptadine 4 mg 1 tablet every evening, documented as given daily.</p> <p>Review on 12/05/22 of an e-mail (electronic mail) received from client #1's Mother/LRP 12/03/22 revealed:</p> <ul style="list-style-type: none"> <li>- She ordered 120 cans of PediaSure to be shipped to the facility on 10/28/22; it was the last order she placed prior to client #1's discharge from the facility on 11/19/22.</li> <li>- On 12/03/22 she ordered 120 cans to be sent to his respite provider.</li> </ul> <p>During interviews on 10/31/22 and 12/02/22 client #1 stated:</p> <ul style="list-style-type: none"> <li>- The food at the facility was okay.</li> <li>- Ate "good" at the facility.</li> <li>- Facility staff cooked fish sticks and he had oatmeal for breakfast.</li> <li>- Drank PediaSure every day but could not remember how many.</li> </ul>	V 291		

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V 291	<p>Continued From page 19</p> <p>During interview on 12/08/22 client #1's PCP stated:</p> <ul style="list-style-type: none"> <li>- Saw client #1 every 6 months for his asthma checks and yearly for his physical exam.</li> <li>- Was concerned about client #1's weight and growth.</li> <li>- If client #1 had PediaSure four times each day in addition to regular meals, he should have gained weight.</li> <li>- Wrote a letter to emphasize the importance of client #1 having PediaSure four times a day.</li> <li>- Never had a conversation with facility staff about client #1's medical condition or care or about his PediaSure; staff did not take client #1 to his appointments.</li> <li>- Client #1's mother/LRP accompanied him to all of his appointments.</li> </ul> <p>During interview on 12/02/22 client #1's Mother/LRP stated:</p> <ul style="list-style-type: none"> <li>- Placed orders for client #1's PediaSure with a vendor monthly.</li> <li>- The vendor shipped the PediaSure directly to the facility.</li> <li>- A one month supply of PediaSure consisted of 120 cans.</li> </ul> <p>During interview on 12/08/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- Client #1's Mother/LRP would order PediaSure and have it sent to the facility.</li> <li>- Sent some PediaSure to school.</li> <li>- There were "40 or 50" containers of PediaSure in a box.</li> <li>- Client #1 drank 4 PediaSure each day, he never refused to drink it.</li> <li>- Client #1 ate meals at the facility; she tried to "cook food kids like" to include "vegetables, fruit and meat."</li> </ul>	V 291		

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V 291	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- Client #1 liked spaghetti, pizza, chicken nuggets and chicken tenders, Hamburger Helper, and french fries, but he did not like seafood.</li> </ul> <p>During interview on 12/09/22 the Program Director/Vice President stated:</p> <ul style="list-style-type: none"> <li>- Client #1's Mother/LRP ordered his PediaSure each month.</li> <li>- When he was admitted, extra cans of PediaSure were sent to the facility with client #1.</li> <li>- Did not know how many cans of PediaSure were sent with client #1 at the time of his admission.</li> <li>- "He always had extra."</li> <li>- Staff were "never allowed to go in" when client #1 had medical appointments.</li> <li>- "We can't do anything about it if we don't know. She (client #1's Mother/LRP) didn't give us the information"</li> <li>- Client #1 was never weighed at the facility because "we didn't know."</li> <li>- "We were walking a thin line with his mother if we had weighed him she would complain about it, our hands were tied."</li> <li>- "She wasn't worried about his weight until the end."</li> <li>- "She knew those extra PediaSure were there (at the facility) and that they were going to add up."</li> <li>- There were "30 or 40" extra cans of PediaSure that were sent with client #1 when he was discharged.</li> <li>- "There was never a time when [client #1's] health or welfare was at risk."</li> </ul> <p>Finding #2: Review on 11/01/22 of e-mail dated 7/18/22 from staff #1's wife/the House Manager to the Program Director/Vice President, the Qualified Professional/Clinical Supervisor (QP/CS) and client #1's Mother/LRP revealed: "I regret to</p>	V 291		

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V 291	<p>Continued From page 21</p> <p>inform you that effective 7/18/22, Paradigm, Inc. . . is providing a 60 day notice to discharge [client #1] from services provided by Paradigm, Inc."</p> <p>Review on 11/01/22 of e-mail communications regarding client #1's pending discharge provided by the QP/CS dated 8/08/22 - 10/03/22 revealed:</p> <ul style="list-style-type: none"> <li>- 8/18/22: email from the QP/CS to the Local Management Entity/Managed Care Organization (LME/MCO) Care Coordinator regarding change of the date of discharge to 9/30/22; client #1's Mother/LRP was not listed as a recipient of the email.</li> <li>- 9/28/22: email from client #1's Mother/LRP to the Licensee, requested information as to why client #1 did not ride the bus home from school that day, with no response from the Licensee or QP/CS.</li> <li>- 10/03/22: email from the QP/CS to client #1's Mother/LRP included "we are not able to extend the date for [client #1] as we have already exceeded the 60 days notice and provided an extension to that notice. He (client #1) will need to be picked up today . . . by 7 p.m. Please make arrangements to have him picked up by that time . . ."</li> </ul> <p>During interviews on 10/18/22 and 11/23/22 client #1's Mother/LRP stated:</p> <ul style="list-style-type: none"> <li>- There had been no transition meetings to discuss discharge plans.</li> <li>- A transition meeting was scheduled for the afternoon of 10/18/22.</li> <li>- Client #1 had "no place to go;" an alternative residential provider was identified but the placement did not occur due to "unsigned paperwork."</li> <li>- Client #1 was discharged from the facility 11/19/22 but she didn't know for certain where he was placed.</li> </ul>	V 291		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>		
(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 291	<p>Continued From page 22</p> <ul style="list-style-type: none"> <li>- Contacted the LME/MCO about his placement and was given the name of a respite provider in a nearby town.</li> <li>- Researched the respite provider and called a phone number she found on the internet, but the phone number was not working.</li> <li>- Contacted the Police Department in a nearby town and was able to eventually get a working phone number for the respite provider.</li> <li>- Was able to confirm client #1 was with the respite provider temporarily and that he would go to a different respite provider within a few days, but she wasn't sure who the second respite provider would be.</li> </ul> <p>During interviews on 10/31/22 and 12/01/22 the QP/CS stated:</p> <ul style="list-style-type: none"> <li>- Client #1's Mother/LRP was given a 60 day discharge notice in July 2022 and was notified of the extension of that notice.</li> <li>- A transition meeting was held 10/18/22 and client #1's pending discharge and discharge plans were discussed; client #1's Mother/LRP attended the meeting via telephone.</li> <li>- Prior to client #1's discharge on 11/19/22 the facility "knew where he was going. The QP went with him and staff and did the transition when he went to [respite provider]. I did not communicate the information about the new provider [respite provider] with his mom. [The LME/MCO] coordinated all that so they communicated that information."</li> </ul> <p>Review on 12/09/22 of the Plan of Protection dated 12/09/22 written by the Qualified Professional/Clinical Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care?"</li> </ul> <p>***Home Manager will receive in-service with QP and Registered Nurse with Paradigm, Inc.</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>		
(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 291	Continued From page 23  regarding communication with medical professionals for individuals supported and expectations of staff attending and participating in appointments, the need to communicate all concerns and issues that have been discussed in meetings." - "Describe your plans to make sure the above happens. Moving forward, upon all admissions, guardians/individuals supported will need to sign and agreement stating that in order for the agency to provide whole person care, we will need to communicate with all medical professionals involved in the care of the individual supported. This includes being a part of the appointments when feasible and any and all concerns are discussed with the provider."  Client #1 was 16 years old and had diagnoses of Intellectual/Developmental Disability, severe; Autism Spectrum Disorder; Pica; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder, and Snijders Blok Campeau. He was also diagnosed as underweight due to inadequate caloric intake by both his Primary Care Physician and his Endocrinologist. Both doctors expressed concerns about client #1's lack of weight gain and lack of weight maintenance. In February 2021, client #1 weighed 103 pounds, in November 2022 he weighed 97 pounds. The Endocrinologist could find no medical reason for the weight loss or reasons for client #1 to not be able to maintain weight. Client #1 was prescribed 4 cans of Pediture daily (July 29, 2021) and an appetite stimulant daily (April 15, 2021); documentation on the MARs indicated that both the Pediture and the appetite stimulant were given as prescribed. The Primary Care Physician wrote a letter explaining how many cans of Pediture client #1 should be given daily, how many cans were	V 291		



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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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(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 291	Continued From page 24  prescribed each month, and that no cans should be left over at the end of the month. 120 cans of Pediasure were ordered on October 28, 2022, and no other Pediasure orders were placed prior to client #1's discharge. At the time of client #1's discharge in November 2022, 170 cans of PediaSure were sent with him to a respite provider. The large number of cans of Pediasure which remained and were sent with client #1 at the time of his discharge and his lack of weight gain or maintenance are direct indications that the Pediasure was not being given as prescribed. The facility provided client #1's Mother/LRP advance notice of discharge in July 2022 and then extended that notice until September 30, 2022. No placement transition meetings were held until October 18, 2022 and client #1 was not discharged as originally planned because of incomplete paperwork. The facility did not keep client #1's Mother/LRP abreast of further discharge planning and did not communicate with her regarding temporary or permanent discharge/placement plans. The facility's failure to coordinate care of client #1 with individuals and professionals involved in his care constitutes a Type A1 violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd days.	V 291		
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	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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(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 367	<p>Continued From page 25</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p>	V 367		

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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE</b> <b>LA GRANGE, NC 28561</b>		
(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 367	Continued From page 26  (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 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the 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.	V 367		

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STATE FORM

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If continuation sheet 27 of 38

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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(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 367	<p>Continued From page 27</p> <p>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/Managed Care Organization (LME/MCO) as required. The findings are:</p> <p>Review on 10/31/22 of the North Carolina Incident Response Improvement System (IRIS) for 1/01/22 through 10/31/22 revealed no level III reports submitted by the facility for an allegation of abuse.</p> <p>Review on 10/18/22 of a Statement of Deficiencies for a survey of the facility completed on 4/07/22 revealed: - An allegation of abuse was investigated by a local Department of Social Services (DSS). - No level III incident report was submitted to IRIS. - The Qualified Professional/Clinical Supervisor was aware allegations of abuse should be reported in IRIS.</p> <p>During interview on 10/31/22 the Program Director/Vice President stated she was not sure if an incident report was submitted in IRIS following the 4/07/22 survey.</p> <p>During interview on 10/31/22 the Qualified Professional/Clinical Supervisor stated she did not submit an incident report to IRIS immediately following the 4/07/22 survey.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 367	<p>Paradigm, Inc. continues to follow policy and procedure as it relates to requirements to submit allegations of abuse, neglect, and exploitation thru the use of IRIS. In this case, the agency was only informed of a report of food being eaten in front of the residents. QP was not informed of an allegation of abuse until the survey was conducted. Report was submitted on 11/22/2022. This has been corrected.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>		
(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 367	Continued From page 28 and must be corrected within 30 days.	V 367		
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.  This Rule is not met as evidenced by: Based on record reviews and interviews 2 of 4 facility staff (staff #1 and the House Manager) exploited 1 of 2 current clients (client #1). The findings are:  Cross Reference: 10 NCAC 27F .0105 Client's Personal Funds (tag V542). Based on record	V 512	Paradigm, Inc. currently has a policy in place where records of funds will be kept monthly and reviewed with the guardian at least quarterly. Any purchases made on behalf of the individual will be placed in their records notating the purchase made. As of now, the individuals in this home are not receiving any funding. However, once funds are paid to the provider, documentation will be kept, and communication will be made to the guardian for what funds they have left at the end of the quarter. HM will continue to utilize the budget form sheet as well for record keeping purposes. Upon receipt of funding and	2/8/2023

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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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V 512	<p>Continued From page 29</p> <p>review and interview, the facility failed to maintain adequate financial records for all transactions and provide quarterly accounting of personal funds for 1 of 2 current clients (#1).</p> <p>Review on 12/07/22 of client #1's "Monthly Budget" forms dated 1/01/22 - 11/01/22 revealed:</p> <ul style="list-style-type: none"> <li>- Box labeled "Income" included "Take Home Pay; Allowance; Gifts; Part-time Jobs and Chores; Other Sources \$764; TOTAL \$764."</li> <li>- Other entries included "Expenses" with the following spending categories and line items:               <ul style="list-style-type: none"> <li>- "Household . . . Rent/Mortgage; Utilities (electric, gas, trash, water) . . ."</li> <li>- "Food . . . Lunches and Snacks, Eating Out."</li> <li>- "Transportation . . . Gasoline . . ."</li> <li>- "Healthcare Doctor . . ."</li> <li>- "Looking Good . . . Laundry and Cleaners . . ."</li> </ul> </li> <li>- A line labeled "Total" at the bottom of the line item lists in spending category</li> <li>- Box labeled "Grand Total" included "TOTAL ALL INCOME . . Subtract . . . TOTAL ALL EXPENSES . . BOTTOM LINE . . ."</li> <li>- November 2022, ". . . appts (appointments) included" hand written at the top of the form beside entry for "Rent/Mortgage"; "\$100 VA (Virginia)" was handwritten beside the line "Doctor."</li> <li>- October 2022 "Utilities . . . with "\$100" hand written" with "[therapy provider] appts included" hand written beside the entry.</li> <li>- September 2022 "Doctors appt" handwritten at the top of the form beside entry for rent/mortgage with "\$100" hand written on the line beside "Utilities" and a hand written notation of an upward arrow and "included up top" hand written beside the entry for "Doctor."</li> <li>- August 2022 "Doctors appt" handwritten a the top of the form beside entry for rent/mortgage and "\$100" hand written on the line for utilities; an</li> </ul>	V 512	<p>being aware of the amount that will be received for an individual, the contract/notification will be provided to the guardian/representative for the individual supported regarding what the funding will be utilized for so that they are aware. This will be kept in the record of the person supported.</p>	12/15/2023
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4708 KILLETTE DRIVE</b> <b>LA GRANGE, NC 28561</b>
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V 512	<p>Continued From page 30</p> <p>upward arrow and "included" hand written beside the entry for "Doctor."</p> <p>- July 2022 "gas/doc (Doctor) appts" hand written at the top of the form beside entry for rent/mortgage and "\$100" handwritten on the line for utilities.</p> <p>- June 2022 "\$38.00 doctor appts" handwritten beside entry for "Gasoline" with a hand drawn arrow to the entry for "Doctor;" "\$10.00" hand written beside the entry for "Laundry/Cleaners."</p> <p>- May 2022 "\$15.00" hand written beside the entry for lunches and snacks; "\$20.00" hand written beside the entry for "Laundry and Cleaners;" with no documented explanation of the expenditures.</p> <p>- April 2022 "\$10.00" hand written beside the entry for "Laundry and Cleaners" with no documented explanation of the expenditures.</p> <p>- March 2022 "\$29.81" hand written beside the entry for "Lunches and Snacks" with no documented explanation of the expenditures.</p> <p>- January 2022 "\$10.00 Dr. (doctor) appt." hand written beside the entry for "Gasoline" and "\$10.00" hand written beside the entry for "Laundry and Cleaners" with no documented explanation of the laundry and cleaners expenditure.</p> <p>- Each month January 2022 - November 2022 "Income . . . Other Sources \$764.00 (hand written)" . . . Grand Total: Total All Income: \$764.00 (hand written); Subtract \$+90.00 groceries (hand written); Total All Expenses: \$854.00 (hand written); Bottom Line \$- (minus) 90.00 (hand written)."</p> <p>Review on 12/05/22 of the Licensee's undated "Handling of Funds" policy revealed:</p> <p>- "Any person who is receiving residential services from Paradigm will be financially responsible for contributing to the following:</p>	V 512		

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V 512	<p>Continued From page 31</p> <p>Renting of the property from Paradigm (Licensee); Food; Utilities (Gas, electricity, water, sewage); Property Taxes; Insurance for the property." - "Residents are to receive \$66.00/month to spend as they choose."</p> <p>During interviews on 12/02/22 and 12/08/22 client #1's Mother/Legally Responsible Person (LRP) stated: - Was client #1's representative payee for his Social Security (SS) check. - Client #1's monthly SS payment was \$764.00. - Sent the entire SS payment to the Licensee each month to cover client #1's expenses. - Did not know how much money client #1 kept for his personal use. - Did not know what client #1's personal use money was used for. - All of client #1's medical providers were located in towns approximately 3 hours from the facility. - Did not agree or consent to client #1's personal money to be used to pay for gas to his medical appointments.</p> <p>During interviews on 12/05/22 and 12/08/22 the House Manager stated: - Client #1 got \$66.00 per month for his personal use. - The "Monthly Budget" forms showed his expenditures. - Completed the "Monthly Budget" forms. - Client #1 paid for gas to go to his medical appointments, and he sometimes paid for laundry. - Did not have receipts for items client #1's money was spent on. - Staff #1 (her husband) kept receipts for client #1's spending, but she could not find the receipts and staff #1 would not tell her where they were.</p>	V 512		



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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>
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(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 512	<p>Continued From page 32</p> <ul style="list-style-type: none"> <li>- In a meeting client #1's Mother/LRP agreed for the cost of gas for transporting him to his medical appointments to be deducted from his personal money.</li> <li>- Did not know if the agreement was documented.</li> </ul> <p>During interviews on 12/05/22, 12/07/22 and 12/08/22 the Program Director/Vice President stated:</p> <ul style="list-style-type: none"> <li>- Client #1's Mother/LRP sent his entire SS check to the Home Manager each month.</li> <li>- Client #1 got \$66.00 per month for his personal use.</li> <li>- Client #1's Mother/LRP agreed to pay for gas to his medical appointments during a teleconference facilitated by the Local Management Entity/Managed Care Organization (LME/MCO), but she did not have documentation of the agreement or the teleconference.</li> </ul> <p>Review on 12/09/22 of the Plan of Protection dated 12/09/22 written by the Qualified Professional/Clinical Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care?"</li> </ul> <p>***Home manager will receive in-service/refresher with Program Director on Handling of Client Funds and Funds Management on 12/9/2022."</p> <ul style="list-style-type: none"> <li>- "Describe your plans to make sure the above happens: Currently all individual residing in BC II (Beautiful Creations 2 - informal name for facility) are not receiving any funding, however, any money spent on behalf of the individuals living in the home will be recorded and receipts attached to ensure accurate record keeping. Contracts will be provided to the guardian/individual receiving residential services regarding charges accrued while residing in the home and what their funds will be utilized for. This will include but not limited</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28661</b>		
(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 512	Continued From page 33  to: Rent; Utilities (Water, Electric, Gas); Phone/Cable; Groceries; Medications The guardian/individual supported will need to sign the contract stating that they agree to and understand that their monthly funds will be utilized to cover the costs of living in the home. Staff will be responsible for ensuring that all receipts for personal items purchased on behalf of the persons supported will be kept in their chart and also documented on monthly budget sheets."  Client #1 was 16 years old and had diagnoses of Intellectual/Developmental Disability, severe; Autism Spectrum Disorder; Pica; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder; and Snijders Blok Campeau. His Mother/LRP was the payee of his \$764.00 monthly Social Security check. Client #1's Mother/LRP sent his entire check to the facility to pay for the cost of his care and treatment. \$66.00 monthly was to be set aside for client #1's personal spending. Records of client #1's monthly expenses January 2022 - November 2022 showed the facility charged and deducted from his personal money a total of \$685.04 for gasoline to transport him to medical appointments, for laundry services, and for lunches and snacks. This failure constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd days.	V 512		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds	V 542		

PRINTED: 12/30/2022  
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM BC II FOR KIDS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 KILLETTE DRIVE LA GRANGE, NC 28551</b>		
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V 542	Continued From page 34  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; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (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; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account.  This Rule is not met as evidenced by:	V 542		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
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V 542	<p>Continued From page 35</p> <p>Based on record review and interview, the facility failed to maintain adequate financial records for all transactions and provide quarterly accounting of personal funds for 1 of 2 current client (#1). The findings are:</p> <p>Reviews on 10/31/22 and 12/05/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 16 year old male admitted 5/18/21.</li> <li>- Diagnoses included Intellectual/Developmental Disability, severe; Autism Spectrum Disorder; Pica; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder; and Snijders Blok Campeau.</li> </ul> <p>Review on 12/07/22 of client #1's "Monthly Budget" forms dated 1/01/22 - 11/01/22 revealed:</p> <ul style="list-style-type: none"> <li>- Box labeled "Income" included "Take Home Pay; Allowance; Gifts; Part-time Jobs and Chores; Other Sources \$764; TOTAL \$764."</li> <li>- The following spending categories and line items: <ul style="list-style-type: none"> <li>- "Looking Good: Clothes and Shoes, Toiletries, Laundry and Cleaners, Hair Care, and Other Looking Good Expenses."</li> <li>- "Just For Fun: Movies/Games/Concerts; Dates/Trips; Music Purchases: Books/Magazines/Newspaper; Hobbies; Other."</li> <li>- "Miscellaneous: Credit Card, Savings and Investments; Education (tuition, books, fees); Gifts and Charity; Pets."</li> <li>- A line labeled "Total" at the bottom of the line item lists in spending category.</li> <li>- Each "Monthly Budget" form included hand written dollar amount entries for the various spending categories and line items.</li> <li>- Box labeled "Grand Total" included "Total All Income \$764.00 Subtract \$+90.00 grocery Total All Expenses \$854.00 Bottom Line \$-90.00."</li> </ul> </li> </ul>	V 542		

PRINTED: 12/30/2022  
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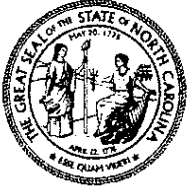
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-183</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2022</b>
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V 542	<p>Continued From page 36</p> <p>During interview on 12/02/22 client #1's Mother/Legally Responsible Person (LRP) stated:</p> <ul style="list-style-type: none"> <li>- Was payee of client #1's \$764.00 Social Security check.</li> <li>- Sent client #1's entire check to the Licensee each month.</li> <li>- Did not know how much money was set aside for client #1's personal spending.</li> <li>- Did not know "... how that money was spent, what it was spent on or where it went."</li> <li>- Never received a quarterly accounting of client #1's personal funds.</li> </ul> <p>During interview on 12/08/22 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- Completed the monthly budget forms and "just lumped everything together" on the form for client's personal spending for "Just for Fun" items such as "Movies/Games/Concerts, Dates/Trips . . . Hobbies Other."</li> <li>- Did not list specifically what client #1 spent his money for.</li> <li>- Staff #1 was her husband.</li> <li>- Staff #1 kept receipts for client #1's spending.</li> <li>- Staff #1 left his employment at the facility and did not tell her where the receipts were and he would not answer her phone calls.</li> <li>- Could not find receipts for client #1's spending.</li> <li>- Spent \$90.00 of her own money each month to provide groceries for the clients at the facility.</li> </ul> <p>During interviews on 12/06/22 and 12/08/22 the Program Director/Vice President stated:</p> <ul style="list-style-type: none"> <li>- The facility did not have financial records detailing the clients' purchases.</li> <li>- Client #1's Mother/LRP sent his Social Security checks directly to the House Manager each month.</li> <li>- Client #1 was given \$66.00 per month for his personal use.</li> </ul>	V 542		

Division of Health Service Regulation

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V 542	<p>Continued From page 37</p> <p>- Staff #1 "was keeping records and he did go over everything with [client #1's Mother/LRP], but he won't tell [the House Manager] where the records are . . . he turned in receipts every month . . . "</p> <p>- A quarterly accounting of client #1's personal funds was never provided to client #1's Mother/LRP; "She never asked for one. . . "</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 542			



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

January 3, 2023

Jeanette M. Barnett, Facility Director/Vice President  
Paradigm, Inc.  
4054 South Memorial Drive, Suite K  
Winterville, NC 28590

Re: Complaint and Follow Up Survey completed 12/09/22  
Paradigm B.C. II FOR Kids, 4709 Killette Drive, LaGrange, NC 28551  
MHL # 054-183  
E-mail Address: [jbarnett@paradigmnc.org](mailto:jbarnett@paradigmnc.org)  
Intakes #NC00193045, #NC00195125 & #NC00195132

Dear Ms. Barnett:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed December 9, 2022. The complaints were substantiated.

This survey was originally completed on November 2, 2022; it was re-opened due to additional information and additional intakes being submitted.

As a result of the follow up survey, it was determined that one of the deficiencies is now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. 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 A1 rule violations are cited for 10A NCAC 27G .5603 Supervised Living-Operations (V291) and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512).
- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 3, 2023  
Paradigm B.C. II FOR Kids  
Paradigm, Inc.

### **Time Frames for Compliance**

- Type A1 violations and all cross-referenced citations must be **corrected** within 23 days from the exit date of the survey, which is January 1, 2023. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violations by the 23<sup>rd</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Paradigm, Inc., for each day the deficiency remains out of compliance.
- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is January 8, 2023.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February 7, 2023.

### **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.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section





FACSIMILE TRANSMITTAL SHEET

TO: Connie Anderson

FROM: Latoya Wallace

COMPANY: NCDHHS

DATE: 1/17/2023

FAX NUMBER: (919) 715-8078

TOTAL NO. OF PAGES, INCLUDING COVER:

PHONE NUMBER:

PARADIGM'S FAX NUMBER:

252-561-7455

RE: POC BC II

PARADIGM'S PHONE NUMBER:

252-561-8112

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- PLEASE REPLY
- PLEASE RECYCLE

NOTES/COMMENTS:

Please attached POC for Beautiful Creatures II.  
Thank you!

The accompanying documents contain information intended for the specified individuals (s) only. This information is confidential. If you are not the intended recipient or an agent and have received this document in error and the any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by phone, and shred the original message. The release of any confidential/private health information is prohibited without client's consent.