

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on April 26, 2023. 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 and 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 4/26/23 the House Manager</p>	V 114		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 114	<p>Continued From page 1</p> <p>stated the facility operated with three weekday (Monday - Friday) shifts: 1st: 8:00 am - 5:00 pm; 2nd 5:00 pm - 11:00 pm; 3rd 11:00 pm - 8:00 am; and twelve hour shifts on the weekends (Saturday - Sunday): 7:00 am - 7:00 pm and 7:00 pm - 7:00 am.</p> <p>Reviews on 4/25/23 and 4/26/23 of the facility's fire and disaster drill documentation for April 2022 - March 2023 revealed: No documentation of drills as follows: - 1st weekday shift (8:00 am - 5:00 pm): No disaster drill for the third (July - September) or fourth (October - December) quarters 2022.</p> <p>- 2nd weekday shift (5:00 pm - 11:00 pm): No fire or disaster drill for the second quarter (April - June) 2022. No disaster drill for the third quarter (July - September) 2022. No fire drill for the fourth quarter (October - December) 2022.</p> <p>- 3rd weekday shift (11:00 pm - 8:00 am): No fire drill for the second quarter (April - June) 2022. No disaster drill for the first quarter (January - March) 2023.</p> <p>- 1st weekend shift (Saturday 7:00 am - 7:00 pm): No fire or disaster drills for second (April - June), third (July - September), or fourth (October - December) quarters 2022 or first quarter (January - March) 2023.</p> <p>- 2nd weekend shift (Saturday 7:00 pm - 7:00 am): No disaster drills for second (April - June) or fourth (October - December) quarters 2022 or first (January - March) quarter 2023.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 114	<p>Continued From page 2</p> <p>No fire drills for second (April - June) or third (July - September) quarters 2022.</p> <p>- 3rd weekend shift (Sunday 7:00 am - 7:00 pm): No fire or disaster drills for second (April - June), third (July - September) or fourth (October - December) quarters 2022. No fire drill for first (January - March) quarter 2023.</p> <p>- 4th weekend shift (Sunday 7:00 pm - 7:00 am): No fire or disaster drills for any quarter reviewed (April 2022 - March 2023).</p> <p>Client #1 was not available for interview as he was attending school.</p> <p>Client #2 was non-verbal; he did not acknowledge surveyor when interaction and interview were attempted.</p> <p>During interview on 4/25/23 the Assistant Group Home Manager stated drills were "supposed to be done monthly" on each shift including one during third shift "deep sleep" hours.</p> <p>During interviews on 4/25/23 and 4/26/23 House Manager stated: - Fire and disaster drills were done monthly on each shift. - One of her responsibilities was to monitor staff documentation. - She wasn't sure all fire and disaster drills were documented. - She understood the requirement for fire and disaster drills to be held quarterly and on each shift.</p> <p>During interview on 4/26/23 the Qualified Professional stated:</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 114	Continued From page 3 - She understood the requirement for fire and disaster drills to be held quarterly and on each shift, including separate weekend shifts.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to keep MARs current for 1 of 2 audited clients (#1) The findings are:</p> <p>Review on 4/25/23 of client #1's record revealed: - 9 year old male admitted 11/15/21. - Diagnoses included Intellectual/Developmental Disability (I/DD), mild; Autism; Attention Deficit Hyperactivity Disorder (ADHD), mixed; and Lennox Gastaut Syndrome. - Physician's orders signed 11/14/22 for cetirizine (antihistamine) 1 milligram (mg)/1 milliliter (ml) solution, take 5 mls (5 mg) daily; Banzel (Lennox Gastaut Syndrome) 40 mg/ml suspension, take 12 ml (480 mgs) twice daily; Onfi suspension (Lennox Gastaut Syndrome) 2.5 mg/ml, take 10 mls (25 mg) twice daily; melatonin (promotes sleep) 3 mg, dissolve 1 tablet under tongue at bedtime; Peditasure (weight gain) drink 1 can daily; clonidine 0.1 mg/5 ml suspension (ADHD) take at bedtime. - Physicians order signed 4/11/23 for clonidine 0.1 mg take at night for sleep and Eucerin Cream (dry skin) apply 5 times/day.</p> <p>Reviews on 4/25/23 and 4/26/23 of client #1's MARs for January - April 2023 revealed: - Printed transcriptions for cetirizine 1 mg/1 ml solution take 5 mls (5 mg) daily 8:00 am, Banzel 40 mg/ml suspension take 12 ml (480 mg) twice daily 8:00 am and 8:00 pm, Onfi 2.5 mg/ml suspension take 10 mls (250 mg) twice daily 8:00 am and 8:00 pm, melatonin 3 mg dissolve 1 tablet under tongue at bedtime 8:00 pm, Peditasure drink 1 can daily 5:00 pm.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - January 2023 MAR included a handwritten transcription for clonidine 0.1 mg/5 ml suspension take 2.5 mls at bedtime. - No transcription for clonidine 0.1 mg February - April 2023. - No transcription for Eucerin Cream April 2023. - The following blanks/no staff initials: Banzel 4/04/23 - 4/06/23 8:00 am, 4/05/23 8:00 pm, 4/09/23 8:00 pm, 4/18/23 8:00 pm, and 2/07/23 8:00 pm. Onfi 4/04/23 - 4/06/23 8:00 am, 4/05/23 8:00 pm, and 4/09/23 8:00 pm. Melatonin 4/05/23 and 4/09/23. - No documented explanation for the blanks. <p>Observations on 4/25/23 at 12:05 pm and 4/26/23 at 12:30 pm of client #1's medications on hand revealed:</p> <ul style="list-style-type: none"> - Cetirizine 1 mg/1 ml solution take 5 mls daily; Banzel 40 mg/ml suspension take 12 mls (480 mg) twice daily; Onfi 2.5 mg/ml suspension take 10 mls (25 mgs) twice daily; melatonin 3 mg dissolve 1 tablet under tongue at bedtime; clonidine 0.1mg/5 ml suspension take 2.5 mls at bedtime. <p>Client #1 was not available for interview as he was attending school.</p> <p>During interviews on 4/25/23 the Assistant Group Home Manager stated:</p> <ul style="list-style-type: none"> - Client #1 was on "therapeutic leave" with his grandparents 4/04/23 - 4/06/23. - He dropped client #1 off with his grandparents on 4/03/23 but he could not recall the time. - Medications were always available for administration. - If a medication was not available he contacted the Group Home Manager and the Qualified Professional. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Physician ordered medication changes were communicated to staff in writing and verbally; he made changes to the MARs when a medication changed. <p>During interview on 4/26/23 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - Client #1's clonidine was changed from liquid to a tablet because client #1 was "on such a small dose." - The pharmacy had not notified the facility the clonidine tablets were ready to be picked up. - Clonidine tablets had not been delivered to the facility. - She did not realize client #1's clonidine was not transcribed on his February - April 2023 MARs. - It was the Assistant Group Home Manager's responsibility to reconcile medications delivered with the MAR transcriptions and physician's orders. - She and the Registered Nurse reviewed the MARs quarterly "to make sure everything matches up." <p>During interview on 4/25/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She paid for client #1's clonidine tablets the week prior to the survey. - She did not realize the clonidine tablets were not available in the facility for administration. - She did not realize clonidine was not included on client #1's February - April 2023 MARs. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility failed to keep refrigerated medication in a locked container affecting 1 of 2 audited clients (#1). The findings are:</p> <p>Review on 4/25/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 9 year old male admitted 11/15/21. - Diagnoses included Intellectual/Developmental Disability (I/DD), mild; Autism; Attention Deficit Hyperactivity Disorder (ADHD), mixed; and Lennox Gastaut Syndrome. 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 120	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Physicians orders signed 11/14/22 clonidine 0.1 mg/5 ml suspension (ADHD) take at bedtime. <p>Observation on 4/25/23 at 12:05 pm revealed:</p> <ul style="list-style-type: none"> - The Group Home Manager removed a Ziploc bag containing a bottle of clonidine suspension from the facility kitchen refrigerator. - When asked where in the refrigerator the medication was kept, he pointed to the door shelf. - There was no locked container for storage of the clonidine. <p>During interview on 4/25/23 the Qualified Professional stated "I know" when asked about the unsecured storage of client #1's refrigerated clonidine suspension.</p>	V 120		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observations on 4/25/23 between 10:30 am and 11:15 am revealed:</p> <ul style="list-style-type: none"> - Three entry/exit doors, the front door, the 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 736	<p>Continued From page 9</p> <p>carport door by the kitchen/dining room, and a back door from the dining room; no entry/exit door from the bedroom hall.</p> <ul style="list-style-type: none"> - Client #1's bedroom windows had plexiglass screwed to the inside of the upper and lower sashes; the lower sashes would not open. - Client #1's bedroom had a double window on the front side of the house that was blocked by a queen size bed with a heavy wooden frame and headboard; the front outside pane of the double window had a small round hole in the upper left corner; the side window had a crack the width of the upper pane. - Client #1's bedroom had approximately 8 feet of television cable laying on the floor; the curtain rod over the double window covered by the headboard was bent; the curtain on the side window had no curtain rod and was hung horizontally from the curtain rod hardware. - Client #1's bathroom sink drained slowly; a small quilt was draped over the bent curtain rod above the window; there was no toilet paper in the bathroom; there were three shower curtain rings on the floor of the bathtub. - Client #2's back window had a window blind housing with strings hanging from the top of the window to the window sill but no window blind slats; the side window had a blind with 3 broken slats. - Client #2's bedframe had only a box spring, the twin sized mattress was propped against his closet door. - An overturned concrete planter and several broken window blind slats were laying on the front porch. <p>During interview on 4/25/23 the Assistant Group Home Manager stated the plexiglass was put on the windows to "prevent the clients from breaking the glass."</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 736	<p>Continued From page 10</p> <p>During interview on 4/25/23 the Program Director/Licensee stated she had the maintenance man encase the facility television in plexiglass and he put the left over plexiglass on the windows about 2 weeks prior to the survey.</p> <p>During interview on 4/26/23 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - The plexiglass was put on the living room and bedroom windows prior to client #2's admission in November 2021 to prevent a former client from breaking the window glass. - She was not aware client #1's bedroom windows would not open because of the plexiglass on the upper window sashes. - Client #1 was "about four feet tall" and she estimated his weight at "approximately 55 pounds," she did not think he could "move his bed" away from the windows. - The facility would re-arrange client #1's furniture to allow access to the front window. - The plexiglass would be removed from the windows. <p>Review on 4/26/23 of an unsigned and incomplete Plan of Protection written by the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Paradigm (Licensee) has removed the plexiglass covering the top half of the window that was installed to keep the residents from breaking the window. The windows are now able to be opened." <p>Review on 4/26/23 of the amended Plan of Protection dated 4/26/23 written and signed by the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-255	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARADIGM 4 KIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 4075 PITT STREET AYDEN, NC 28513
--	--

(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 736	<p>Continued From page 11</p> <p>ensure the safety of the consumers in your care? Paradigm has removed the plexiglass from the top half of the window. The window is able to be opened in the event there is a fire or other emergency and the resident has to evacuate." - "Describe your plans to make sure the above happens. Paradigm will seek out an agency to determine/evaluate if plexiglass windows can be installed/replaced to prevent damage to the windows. Staff will include monthly checks with the environmental safety checklist to ensure all windows are able to be completely opened. Paradigm will rearrange the bedroom furniture so that there is access to all windows in bedrooms."</p> <p>Facility clients had diagnoses that included Autism, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, and Intellectual/Developmental Disability, mild and severe. The windows in the facility bedrooms were covered with plexiglass. The plexiglass on the top sash of client #1's bedroom windows prevented the lower sash from opening. Access to the front window in client #1's bedroom was blocked by his heavy queen sized bed. There was no other means of egress from the bedrooms in the event of an evacuation emergency; facility exits were the front door and the carport door by the dining room, both down the hall from the bedrooms. The bedroom windows could not be used for exit in the event of a fire or other emergency. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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 day.</p>	V 736		