

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL049-120</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                           |   | (X3) DATE SURVEY COMPLETED<br><br><b>06/12/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CLUB 4</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>222 SIGNAL HILL DRIVE<br/>STATESVILLE, NC 28677</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 000   | <p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on June 12, 2023. The complaint were substantiated (Intake #NC00202969 and Intake #NC00203313). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psycho-Social Rehabilitation facilities for Individuals with Severe and Persistent Mental Illnesses.</p> <p>This facility has a current census of 26. The survey sample consisted of audits of 4 current clients and 1 former client.</p>  | V 000   |   |   |
| V 110   | <p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> | V 110   |   |   |

Division of Health Service Regulation

Division of Health Service Regulation  
*Khalil Nassar*

TITLE : Director

(X6) DATE: 6/22/2023

STATE FORM

6899

QYEL11

If continuation sheet 1 of 24

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| V 110 | <p>Continued From page 1</p> <p>(5) interpersonal skills; (6) communication skills; and<br/>(7) clinical skills.<br/>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, 2 of 3 audited staff (#1 and #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/9/23 of staff #1's record revealed:<br/>-A hire date of 5/3/21<br/>-A job description of Psych-Social Rehabilitation Program Worker<br/>-Education that met the requirements of a Paraprofessional<br/>-Client Specific training was completed on -<br/>"Services Provided by Employee: ...Provides constant supervision of persons served and provides assistance/redirection when needed ..."</p> <p>Review on 6/9/23 of staff #2's record revealed:<br/>-A hire date of 5/1/17<br/>-A job description of Psych-Social Rehabilitation Program Worker<br/>-Education that met the requirements of a Paraprofessional<br/>-Client Specific training was completed on -<br/>"Services Provided by Employee: ...Provides constant supervision of persons served and</p> | V 110 | <p><i>PQA Healthcare, Inc Policies/procedures will be reviewed and revised as needed to eliminate future deficiencies related to PSR staff core training and to ensure compliance with NC DHSR rules and regulations .</i></p> <p>- PQA Healthcare, Inc will continue to train and re-train staff on core skills including:<br/>Technical knowledge;<br/>Cultural awareness;<br/>Analytical skills;<br/>Decision-making;<br/>Interpersonal skills<br/>Communication skills; and clinical skills.</p> <p>-Ongoing supervision of staff to prevent reoccurrence; tracking system put in place to ensure all parties were informed of new/revised information and supervision and training is ongoing.</p> <p>PSR QP and will monitor staff at least monthly to ensure compliance.</p> | 8/12/2023 |
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| V 110                    | <p>Continued From page 2 provides assistance/redirection when needed ..."</p> <p>Review on 6/8/23 of Former Client #1 (FC #1)'s record revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 2/7/23</li> <li>-Diagnoses of Major Depression, Recurrent, Mood Disorder and Mild Intellectual Disability - Age: 54</li> <li>-Discharge date of 5/30/23</li> <li>-An assessment dated has a history of Seizures with the last one occurring over 2 years ago, first used alcohol in his 20's and used crack cocaine from the age of 17 until admission into a hospital last year, history of compulsive behaviors, substance abuse, mood swings and social impairment, girlfriend died several years ago when she was hit by a car, his condition got worse after this and he lost all interest in taking care of himself, was IVced (Involuntarily Committed) in 3/2022, has depressed mood, diminished interest in most activities, decreased concentration, attention or difficulty making decisions, currently lives with his sister and her family, wants to be involved in a day treatment program and recently moved here."</li> <li>-A treatment plan dated 2/10/23 noted "for 12 consecutive months, will reduce daily stressors, manage symptoms, and increase/maintain independence by learning symptoms management techniques to help him manage any symptoms he may have, will learn self-advocacy and ways to appropriately and effectively be assertive, will learn social skills/leisure activities that are appropriate, therapeutic and positive, will learn social skills to increase the ability to develop and maintain relationships and to increase independence and reduce stressors, will learn daily living skills such as nutrition, money management, daily structure/schedule and housekeeping skills to increase and maintain</li> </ul> | V 110               |  |                          |

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| V 110                    | <p>Continued From page 3</p> <p>independence."<br/>-Had been declared incompetent<br/>-Had a Legal Guardian (LG)</p> <p>Interview on 6/8/23 with FC #1 revealed:<br/>-Was previously a client at the Psych-Social Rehabilitation (PSR) Program<br/>-Admitted he got his nose pierced at the mall while on an outing with PSR staff and clients<br/>-"Okay. That was nothing. We went to the mall. The lady (staff #2) wanted to get her nose pierced. [Client #4] was going to get her nose pierced but she did not have her ID (Identification). I know my niece is my legal guardian. That lady (staff #2) paid for me to get my nose pierced. There is no need for anyone to lose their jobs. I told that to my niece. I did not know at the time that I had to call my guardian and ask for permission. I am a grown man. I feel like I should be able to do some things for myself."</p> <p>Interview on 6/8/23 with FC #1's LG revealed:<br/>-Had removed FC #1 from the PSR on 5/30/23<br/>-"There have been several instances with the PSR I was not happy with. One situation was when [FC #1] got his nose pierced without my permission. They (facility staff) admitted they got his nose pierced. They said they spoke with me. They did not. They did not have my consent. I actually spoke with [the QP] about it. This was probably about 2 ½ months ago. They (staff) went with him. It was a lady that was working there. She is the one that took him to get his nose pierced. I think the lady may have paid for it (FC #1 getting his nose pierced.)"</p> <p>Interview on 6/8/23 with staff #1 revealed:<br/>-FC #1 had a LG<br/>-Had not had any communication with FC #1's LG</p> | V 110               |  |                          |

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| V 110                    | <p>Continued From page 4</p> <p>-Had taken 8 clients out into the community to shop<br/>-"I had 4 clients with me and [staff #2] had 4 clients with her. [Staff #2] wanted to get her nose pierced. [FC #1] also wanted to get his nose pierced."<br/>-Was not sure if FC #1's LG was contacted to give FC #1 permission to get his nose pierced. -<br/>"I was on the other side of the store when [FC #1] got his nose pierced ..."</p> <p>Interview on 6/8/23 with staff #2 revealed:<br/>-FC #1 had a LG<br/>-Had gone to the mall with staff #1 and other clients, which included FC #1<br/>-Had gotten her nose pierced while on the outing to the mall<br/>-"Well, I got mine done. [Client #4] was going to get hers done. She had no ID (Identification), and they wouldn't let her. [FC #1] wanted to get his nose pierced. I knew he had a guardian. It's his niece. I know he needed to call and ask her (permission to get his nose pierced). We probably should have spoken to his guardian. That was our mistake. If we had, it wouldn't have been a big stink."<br/>-"[FC #1] called someone that we thought was his guardian."<br/>-Had not spoken with FC #1's LG<br/>-Denied paying for FC #1 to get his nose pierced -<br/>"It was his girlfriend. Her name is [client #4]."</p> <p>Attempted interview on 6/12/23 with client #4 was not successful as the telephone number was no longer in working order.</p> <p>Interview on 6/12/23 with the Qualified Professional (QP) revealed:<br/>-FC #1 had his nose pierced while on an outing with staff #1 and staff #2</p> | V 110               |  |                          |

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| V 110                    | <p>Continued From page 5</p> <p>-Staff #1 and staff #2 were aware FC #1 had a LG</p> <p>-Was not aware FC #1 had gotten his nose pierced until he returned from the outing</p> <p>-Staff #1 and staff #2 had not contacted her prior to the nose piercing</p> <p>-It was her understanding FC #1 called his LG to ask for permission to have his nose pierced - "They (staff #1 and staff #2) said they heard him (FC #1) on the phone talking to someone. The nose piercing was paid by his girlfriend, at the time. Staff did not pay for his nose piercing." - Staff #1 and staff #2 should have sought permission from FC #1's LG before the incident</p> <p>Interview on 6/8/23 with the Director/Licensee (D/L) revealed:</p> <p>-The staff at the PSR were there to monitor the clients</p> <p>-This included when the clients were on the premises of the PSR and all outings</p> <p>-Staff #1 and staff #2 had failed to notify FC #1's LG regarding the nose piercing</p> | V 110               |  |                          |
| V 131                    | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>  | V 131               |  |                          |

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| V 131                    | <p>Continued From page 6</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to access the HCPR prior to hire affecting 2 of 3 audited staff (#1 and #2). The findings are:</p> <p>Review on 6/9/23 of staff #1's record revealed:<br/>-A hire date of 5/1/17<br/>-A job description of Paraprofessional -<br/>The HCPR was accessed on 5/1/17</p> <p>Review on 6/9/23 of staff #2's record revealed:<br/>-A hire date of 5/3/21<br/>-A job description of Paraprofessional<br/>-The HCPR was accessed on 2/20/23</p> <p>Interview on 6/12/23 with the Director/Licensee revealed:<br/>-Was responsible for ensuring the HCPR was accessed prior to hire for new staff<br/>-Would ensure the HCPR was accessed prior to hire for new staff in the future</p> | V 131               | <p><i>PQA Healthcare, Inc Policies/procedures will be reviewed and revised as needed to eliminate future deficiencies related to access HCRP prior to hiring PSR staff and to ensure compliance with NC DHSR rules and regulations .</i></p> <p>-PQA Healthcare will continue to access HCRP to new PSR prior to hiring.<br/>- PQA Human resources or designated staff will complete HCRP prior to hiring.<br/>- Quarterly reviews by QI staff to personal files to ensure compliance and to ensure compliance.</p>  | 8/12/2023                |
| V 132                    | <p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br/>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:<br/>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</p>  | V 132               | <p><i>PQA Healthcare, Inc Policies/procedures will be reviewed and revised as needed regarding reporting to HCRP when having allegations neglect or abuse to eliminate future deficiencies and to ensure compliance with NC DHSR rules and regulations .</i></p> <p>-PQA Healthcare will continue to notify HCPR of any allegations against facility or staff including injuries, neglect and abuse. HCRP to new PSR prior to hiring.<br/>- All current and new PSR staff will be trained and re- trained on incident reporting and reporting to HCRP. Staff will be trained by training director or designated staff .<br/>-Ongoing supervision at least monthly by PSR QP to ensure compliance .<br/>Also QI committee will review incidents at least quarterly to ensure compliance and to avoid future deficiencies.</p> | 8/12/2023                |



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| V 132   | <p>Continued From page 7</p> <p>as defined by G.S. 131E-201 are being provided.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <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> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to report the finding of the investigation to the Department within five working days of making the initial report affecting</p> | V 132   |   |   |

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| V 132   | <p>Continued From page 8</p> <p>1 of 1 Former Client (FC #1). The findings are:</p> <p>Review on 6/8/23 of Former Client #1 (FC #1)'s record revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 2/7/23</li> <li>-Diagnoses of Major Depression, Recurrent, Mood Disorder and Mild Intellectual Disability - Age: 54</li> <li>-Discharge date of 5/30/23</li> </ul> <p>Review on 6/8/23 of FC #1's hospital discharge records revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 5/30/23 at 18:36 (6:36pm)</li> <li>-A discharge date of 5/30/23 at 20:50 (8:50pm) - A diagnosis of "Alcohol Abuse, Uncomplicated and Nutrition"</li> </ul> <p>Attempted review on 6/8/23 of the facility's report to the Department revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of an investigation within five working days into the allegation FC #1 was intoxicated while attending the Psycho-Social Rehabilitation (PSR) Program</li> </ul> <p>Interview on 6/8/23 with FC #1 revealed:</p> <ul style="list-style-type: none"> <li>-Had moved to another county and was living at a group home now.</li> <li>-Was previously a client at the PSR Program</li> <li>-"I messed up myself."</li> <li>-"I went to [a local store] with other people and [Qualified Professional (QP)]. She was driving the van that day. [QP] was watching everyone. I went outside to the van. I snuck a 24 ounce of [name of a beer] onto the van. The van was unlocked. I drank it and then threw it away in the trash can outside of [a local store]. It was just one. When I got home, my niece was asking me questions. She did this while I was getting ready for work. She was asking me all these questions. I told her I snuck away from the group. I had change with</li> </ul> | V 132   | <p><i>PQA Healthcare, Inc Policies/procedures will be reviewed and revised as needed regarding reporting to HCRP when having allegations neglect or abuse to eliminate future deficiencies and to ensure compliance with NC DHSR rules and regulations .</i></p> <ul style="list-style-type: none"> <li>-PQA Healthcare will continue to notify HCRP of any allegations against facility or staff including injuries, neglect and abuse. HCRP to new PSR prior to hiring.</li> <li>- All current and new PSR staff will be trained and re- trained on incident reporting and reporting to HCRP. Staff will be trained by training director or designated staff .</li> <li>-Ongoing supervision at least monthly by PSR QP to ensure compliance .</li> </ul> <p>Also QI committee will review incidents at least quarterly to ensure compliance and to avoid future deficiencies.</p> | 8/12/2023   |

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| V 132   | <p>Continued From page 9</p> <p>me and I bought the 24-ounce beer."<br/>-His niece was his Legal Guardian (LG) -"She (the niece) took me to the hospital. And then she packed my stuff and said I was moving to [the group home]."</p> <p>Interview on 6/8/23 with FC #1's LG revealed: -<br/>Had concerns with FC #1 not being properly supervised while on outings at the PSR<br/>-"I removed him on May 30th (2023)."<br/>-"Approximately 2 weeks ago, 2 staff took [FC #1] and some others (PSR clients) to [a local store] and staff gave him money to purchase beer. He has medications he takes. One of them is a controlled medication for seizures. He was so intoxicated that day (5/30/23). [The Local County's Area Transportation System]'s van driver could not get him to wake up. I took him to [a local hospital's emergency room]. He kept falling asleep while we were there, and I could not wake him up. I had them test him for alcohol and he tested positive for it."</p> <p>Interview on 6/8/23 with staff #1 revealed: -<br/>Was aware of the allegation by FC #1's LG he had returned to his residence intoxicated<br/>-"I have never seen him drink alcohol here (at the PSR)."<br/>-Denied ever buying FC #1 beer</p> <p>Interview on 6/8/23 with staff #2 revealed: -<br/>Was aware of the allegation by FC #1's LG he had returned to his residence intoxicated<br/>-Had never smelled alcohol on any of the clients -<br/>Had never seen FC #1 intoxicated or under the influence of alcohol/drugs.<br/>-Prior to the allegation, some of the clients would walk to the smoke shop to purchase cigarettes. -<br/>"Since this was brought up (FC #1 buying and drinking alcohol), we have to be with them at all</p> | V 132   |   |   |

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| V 132   | Continued From page 10<br><br>times outside and in the community. [FC #1]'s legal guardian said he was to be supervised from now on ..."<br>-Denied buying FC #1 any alcohol<br><br>Interview on 6/8/23 with the Director/Licensee revealed:<br>-Was aware of the allegation by FC #1's LG and that FC #1 returned to his residence intoxicated. - "He wasn't drunk here (at the PSR). He wasn't on the premises. If he was drinking, others would talk."<br>-Had investigated the incident<br>-Had tried to discuss the incident with FC #1's legal guardian<br>-"She hung up on me."   | V 132   |   |   |
| V 133   | G.S. 122C-80 Criminal History Record Check<br><br>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.<br>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall | V 133   |   |   |

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| V 133   | Continued From page 11<br><br>include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a | V 133   |   |   |

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| V 133   | Continued From page 12<br><br>case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.<br>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:<br>(1) The level and seriousness of the crime.<br>(2) The date of the crime.<br>(3) The age of the person at the time of the conviction.<br>(4) The circumstances surrounding the commission of the crime, if known.<br>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.<br>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.<br>(7) The subsequent commission by the person of a relevant offense.<br>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy | V 133   |   |   |

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| V 133   | Continued From page 13<br><br>of the criminal history record check to the applicant.<br>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:<br>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.<br>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.<br>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article | V 133   |   |   |

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| V 133   | Continued From page 14<br><br>26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.<br>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:<br>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.<br>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) | V 133   |   |   |



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| V 133   | <p>Continued From page 15</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to check the criminal history for 1 of 3 current staff (#2) within 5 days of making the conditional offer of hire. The findings are:</p> <p>Review on 6/9/23 of staff #2's record revealed:<br/>-A hire date of 5/3/21<br/>-A job description of Paraprofessional<br/>-The criminal background check was completed on 2/20/23</p> <p>Interview on 6/12/23 with the Director/Licensee revealed:<br/>-Was responsible for ensuring staff's criminal history was to be checked within 5 days of making the conditional offer of employment -<br/>Would ensure future staff's criminal background check was completed within 5 days of making the conditional offer of employment</p> | V 133   | <p><i>PQA Healthcare, Inc Policies/procedures will be reviewed and revised as needed regarding criminal background to eliminate future deficiencies and to ensure compliance with NC DHSR rules and regulations .</i></p> <p>-PQA Healthcare will complete criminal background check on new employees within 5 days of making the conditional offer to hiring.</p> <p>-Ongoing audits and reviews to personal files at least monthly by QI staff and facility director PSR QP to ensure compliance .<br/>to avoid future deficiencies.</p> | 8/12/2023   |
| V 366   | <p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br/>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br/>(1) attending to the health and safety needs of individuals involved in the incident;<br/>(2) determining the cause of the incident;</p>  | V 366   |  |   |

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| V 366   | Continued From page 16<br><br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;<br>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who | V 366   |   |   |

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| V 366   | Continued From page 17<br><br>were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:<br>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and<br>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and<br>(3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting | V 366   |   |   |

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| V 366   | <p>Continued From page 18</p> <p>provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 6/9/23 of the facility's internal investigation, dated 5/30/23 and completed by the Director/Licensee (D/L) revealed:<br/>-"On 5/30/2023 [the D/L] contacted [the Legal Guardian (LG)], the niece of [FC #1] to discuss the message. [The LG] had texted [the QP] on 5/30/2023 at 5:20 pm. [The D/L] tried to have a conference call to include [the QP] more than one time. It seemed [the LG] declined the call when [the QP] was added to the call. [The D/L] called [the LG] alone, after attempts to add [the QP] to the call failed. [The LG] answered the phone and [the D/L] tried to explain to her that he is calling regarding the text [the QP] received from her. [The D/L] explained to her that [FC #1] wasn't drinking at the PSR and he was very alert during the hours of the PSR. [FC #1] also was able to join activities and interacted well with other peers and staff. [The D/L] explained to her (the LG) that PSR program is not responsible for client's behavior when they leave program. [The LG] hung up the phone and [the D/L] tried to call her</p> | V 366   |   |   |

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| V 366   | <p>Continued From page 19</p> <p>back without any luck."<br/>-"On 5/31/2023: [the D/L] met with the PSR staff face to face to discuss [FC #1]. PSR staff, [the QP] and [staff #1] reported that [FC #1] was fine and active during PSR hours and he went with them for an outing. They stated that [FC #1] was alert and there was no sign of him drinking. Also, [staff #1] reported that he sat in the office and asked her for a job. Staff reported that he wasn't smelling like alcohol."<br/>-"As a result of this report [FC #1] was not drinking at PSR and when he left PSR promises, he was not drunk."</p> <p>Interview on 6/12/23 with the QP revealed: -The D/L had completed the internal investigation into the allegation FC #1 was intoxicated at the PSR</p> <p>Interview on 6/9/23 with the D/L revealed: -Had completed an internal investigation of the incident on 5/30/23 for the allegation FC #1 was intoxicated at the PSR<br/>-Did not have documentation regarding attending to the health and safety needs of FC #1 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future. -Had not notified the Local Management Entity/Managed Care Organization, Legal Guardians and other authorities required by law</p> | V 366   |   |   |
| V 367   | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT</p>   | V 367   |   |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL049-120</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                           |   | (X3) DATE SURVEY COMPLETED<br><br><b>06/12/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPHA CLUB 4</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>222 SIGNAL HILL DRIVE<br/>STATESVILLE, NC 28677</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 20<br><br>REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall report all 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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(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:<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information | V 367   |   |   |

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| V 367   | Continued From page 21<br><br>obtained regarding the incident, including:<br>(1) hospital records including confidential information;<br>(2) reports by other authorities; and<br>(3) the provider's response to the incident.<br>(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:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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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| V 367   | <p>Continued From page 22</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews the facility failed to submit level III incident reports to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Reviews on 6/8/23 and 6/9/23 of the facility's level III incident reports revealed:<br/>-No level III incident report was submitted to the LME for the allegation of FC #1 drank alcohol and appeared to be intoxicated while at the Psycho-Social Rehabilitation (PSR) Program</p> <p>Interview on 6/8/23 with FC #1<br/>-Had previously attended the Psycho-Social Rehabilitation (PSR) program and had participated in community outings<br/>-Went on a community outing to a department store<br/>-Had told his niece he "snuck away from the group" while on the outing.<br/>-Had purchased a 24-ounce beer<br/>-Went into the facility's van to drink the beer -<br/>When he returned home, his niece (legal guardian) took him to the local emergency room<br/>-"She took me because I had a beer."<br/>-No one from the PSR had talked to him about what occurred on the outing</p> <p>Interview on 6/8/23 with FC #1's Legal Guardian revealed:</p> | V 367   | <p><i>PQA Healthcare, Inc Policies/procedures will be reviewed and revised as needed regarding reporting to HCRP when having allegations neglect or abuse to eliminate future deficiencies and to ensure compliance with NC DHSR rules and regulations .</i></p> <p>-PQA Healthcare will continue to notify HCRP of any allegations against facility or staff including injuries, neglect and abuse. HCRP to new PSR prior to hiring.<br/>- All current and new PSR staff will be trained and re- trained on incident reporting and reporting to HCRP. Staff will be trained by training director or designated staff .<br/>-Ongoing supervision at least monthly by PSR QP to ensure compliance .<br/>Also QI committee will review incidents at least quarterly to ensure compliance and to avoid future deficiencies.</p> | 8/12/2023   |



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| V 367   | <p>Continued From page 23</p> <ul style="list-style-type: none"> <li>-Had taken FC #1 to a local hospital's emergency room as FC #1 was impaired</li> <li>-Was told by FC #1 that a PSR staff had bought him alcohol</li> <li>-FC #1 was discharged from the hospital with the diagnoses of Alcohol Abuse</li> </ul> <p>Interviews on 6/8/23 with staff #1 and staff #2 -<br/>Had never seen FC #1 under the influence of alcohol</p> <ul style="list-style-type: none"> <li>-FC #1 acted normal on 5/30/23</li> <li>-Had not smell any alcohol on FC #1</li> <li>-Denied purchasing beer for FC #1</li> </ul> <p>Interviews on 6/8/23 and 6/12/23 with the Director/Licensee (D/L) revealed:</p> <ul style="list-style-type: none"> <li>-Was aware of the allegation by the LG of FC #1 being intoxicated while at the PSR</li> <li>-Had not submitted a level III incident report into IRIS</li> <li>-In the future, the D/L would ensure incident reports were submitted into IRIS within the mandated time frames</li> </ul> | V 367   |   |   |