

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/31/2024
NAME OF PROVIDER OR SUPPLIER PARADIGM VI		STREET ADDRESS, CITY, STATE, ZIP CODE 4558 REEDY BRANCH ROAD WINTERVILLE, NC 28590		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, follow up and complaint survey was completed on January 31, 2024. The complaint was unsubstantiated. (intake #NC00212278). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (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	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1 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 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;	V 105			

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and observation the facility failed to implement their policy regarding the documentation of a medication administration error. The findings are:</p> <p>Review on 1/30/24 of client #3's record revealed: -54 year old male admitted 3/14/14. -Diagnoses included Intellectual Developmental Disability-Profound, Psychotic Disorder, Seizure Disorder and PICA. -No documented medication error or facility incident report identifying a medication error on 1/6/24.</p> <p>Review on 1/31/24 of Policy entitled "Medication Usage and Requirements" revealed: -"Medication Errors...An entry of the medication administered and reaction will be properly recorded within the MAR and an incident report will be filled out and given to the manager or program director..."</p> <p>Interview on 1/30/24 with client #3 was unsuccessful due to his diagnoses.</p> <p>Interview on 1/30/24 staff #3 stated that client #3 had grabbed the medication from her hand and took some. She did not document a medication error on the facility's incident report form for client #3.</p> <p>Interview on 1/31/24 the Qualified Professional stated: -Staff had not completed the facility incident form for client #3's medication error.</p>	V 105		

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V 105	Continued From page 3 -There was no documentation of the 1/6/24 medication error in client #3's record. -She understood the facility was required to implement its policy regarding the documentation of a medication administration error.	V 105		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation of the facility on 1/30/24 at approximately 10:18am revealed: -Client #5 and #6's bathroom had a light out above the shower; the shower had black residue along the sliding track of the shower and the glass door of the shower. -Client #6's six drawer dresser was missing the last drawer. -The hall bath had an approximately 8 inch crack in the wall to the left of the toilet. -Client #2's nightstand drawer was off the track and his 5 drawer dresser had the handle hanging off the first drawer; the curtain rod on the window was bent in half. -Client #4 had five drawer dresser that was missing a handle off the last drawer. -Client #1's bathroom had a 3 bulb light fixture with 2 bulbs not working. -The ceiling vent in the dining area had heavy	V 736		

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V 736	Continued From page 4 dust. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736			