

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2024
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NAME OF PROVIDER OR SUPPLIER CAROLINA FAMILY ALLIANCE-RISE PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 9105 MONROE ROAD CHARLOTTE, NC 28270
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 2-20-24. The complaint was unsubstantiated (intake # NC00213014). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities For Individuals With Severe and Persistent Mental Illness.</p> <p>This facility has a current census of 67. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 318	<p>13O .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Health Care Personnel Registry (HCPR) within 24-hours of learning</p>	V 318		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 318	<p>Continued From page 1</p> <p>about allegations of abuse affecting 1 of 1 staff (staff #1). The findings are:</p> <p>Review on 2-9-24 of staff #1's personnel record revealed: -Date of hire: 7-10-17. -Job title: Psychosocial Rehabilitation Specialist.</p> <p>Review on 2-8-24 of an email dated February 5, 2024 at 7:17pm sent to the Executive Director (ED) from the manager of client #1's group home with the following message: "This is [manager] with [residential provider]. [Client #1] gave me some disturbing information today about being assaulted at the program by a staff member last week. I really need to speak with you about this because this is just devastating information. [Client #1] has gave me information that he has been threatened by the staff member as well. Please contact me first thing tomorrow [provider phone number] or you can call me tonight thanks."</p> <p>Review on 2-8-24 of the North Carolina Incident Response Improvement System (IRIS) for the period of November 1, 2023 to February 8, 2024 revealed no documentation for an incident which involved client #1 being assaulted by staff #1.</p> <p>Review on 2-8-24 of the facility's incident/accident reports revealed: - An Internal Investigation Form which documented the facility's internal investigation initiated on 2-6-24 of an allegation that staff #1 assaulted client #1 on 2-2-24. -No HCPR 24 hour initial report for staff #1.</p> <p>Review on 2-9-24 of a facility IRIS report submitted on 2-9-24 which documented the allegation that staff #1 assaulted client #1 on</p>	V 318		

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V 318	<p>Continued From page 2</p> <p>2-2-24.</p> <p>Interview on 2-8-24 with the Director of QA/QI (Quality Assurance/Quality Improvement) revealed:</p> <ul style="list-style-type: none"> -She was responsible for completing the IRIS reports. -She had not completed the Health Care Personnel Registry (HCPR) 24 hour report. -She was not aware of the 24 hour reporting rule for abuse, neglect and exploitation. -"I thought we had 72 hours to do the IRIS." <p>Interview on 2-8-24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -"I received an email late on Monday (2-5-24) from the (client #1's) group home. I called [group home manager] and spoke with her about the allegation." -Began an internal investigation on 2-6-24. -"I thought we had 72 hours to complete IRIS." <p>Interview on 2-8-24 with the Program Director revealed:</p> <ul style="list-style-type: none"> -He was made aware of the allegation on 2-6-24 and immediately began an internal investigation. -He was not aware of the 24 hour reporting rule for abuse, neglect, exploitation. -"We thought we had 72 hours (to complete IRIS). We have not finished our investigation yet." 	V 318		