

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>07/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARP RIDGE ROAD AFL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1344 SHARP RIDGE ROAD GREENSBORO, NC 27406</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 7/9/24. The complaint was unsubstantiated (intake #NC00218698). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 3 and currently has a census of 1. The survey sample consisted of audits of 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.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol>	V 110	<p style="text-align: center;"><b>RECEIVED</b> <b>AUG 25 2024</b> <b>DHSR-MH Licensure Sect</b></p>	

*Crystal Nickerson, Director,*  
MA, CP  
(X6) DATE

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

TITLE

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V 110	<p>Continued From page 1</p> <p>(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: Based on record reviews and interviews, 1 of 1 audited paraprofessional staff (#1) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 7/3/24 of staff #1's personnel record revealed: - Hire date: 9/20/19; - Met the qualifications as a Paraprofessional.</p> <p>Review on 7/3/24 of former client (FC) #1's record revealed: -Date of admission: 3/7/20; -Diagnoses included Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Moderate Intellectual Developmental Disability, Microcephaly, and Benign Hypertension; -Behavior Plan effective 1/1/24 and signed by FC #1's treatment team members which included the Local Managed Entity/Managed Care Organization's Care Coordinator, the facility Qualified Professional (QP) and a Psychological Consultant included..."Give [FC #1] space if he is agitated/angry...If [FC #1] becomes physically aggressive, give him space and be sure that others in the vicinity are out of harm's way...Data</p>	V 110	<p>10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals is not met as staff #1 failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Issue 1: No documented behavior data sheets completed by facility staff since January 2024.</p> <p>Issue 2: staff # 1 thought behavior data sheets were a suggestion and not a requirement.</p> <p>Issue 3: staff # 1 failed to adhere to FC #1 Behavior Plan which resulted in physical aggression by the client.</p> <p>Issue 4: staff # 1 grabbed FC #1's foot as he attempted to kick staff instead of blocking him.</p> <p>Staff # 1 attended the organization's clinical supervision session on 8/13/2024 and was inserviced regarding requirements to maintain behavioral data from the beginning of the behavioral plan until it is determined by the treatment</p>	
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*Cristal Nickerson, Director, MA, CP*

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V 110

Continued From page 2

Collection and Review of Behavioral Supports Plan: Data will be recorded each day on the behavior data sheet by staff (facility) during their time with him;"

-No documented behavior data sheets completed by facility staff since January 2024.

Review on 7/3/24 of an email staff #1 sent to the QP and the Licensee on 6/25/24 revealed:

"At approximately 9:25am on 6-25-24, [staff #1] heard [FC #1] cursing and threatening others in the home (facility);

-[Staff #1] prompted [FC #1] to go to his room so he could calm down, but [FC #1] did not;

-He walked through the kitchen and hit something;

-[Staff #1] asked [FC #1] what was going on and why he was so upset;

-[FC #1] cursed and said he was going to kill [Staff #1] and burned the house down;

-[FC #1] walked to the front door continuing to hold his lunch bag and his backpack;

-[Staff #1] said [FC #1] I'm not yelling or cursing at you;

-[FC #1] continued cursing and threatening and he swung his lunch bag and hit [Staff #1] in the stomach;

-[Staff #1] asked [FC #1] why he hit him and asked him to not do that;

-Suddenly, [FC #1] lunged and punched [Staff #1] in his left eye and began swinging and charging [Staff #1];

-[Staff #1] stuck his right arm out to get [FC #1] away from him;

-[Staff #1] began backing away and [FC #1] charged [Staff #1] and kicked [Staff #1] in his lower left leg;

-[FC #1] kicked again toward [Staff #1's] stomach and [Staff #1] caught his foot at the heel;

-[FC #1's] shoe came off and [FC #1] fell

V 110

team that the plan should be discontinued; that collecting behavioral data is required not optional; adherence to implementation of the behavioral plan is mandatory in order to mitigate behaviors. In addition, staff # 1 participated in re-training of NCI Parts A + B on 7/29/2024.

Timeline for implementation = 8/13/2024

Medical records manager will audit records quarterly to ensure monthly collection of behavioral data and immediately report issues of noncompliance to the Director. The Director will address issues of noncompliance with the QP who will ensure corrective action.

*Crystal Nickerson, Director  
QA, QP*

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V 110	<p>Continued From page 3 backwards to the floor."</p> <p>Following are examples of how staff #1 failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>1. Staff #1 stopped completing behavior data sheets monthly effective 2/1/24.</p> <p>Interview on 7/3/24 with the QP revealed he thought staff #1 had stopped recording data daily on the behavior data sheets but he was unsure why.</p> <p>Interview on 7/3/24 with staff #1 revealed: -FC #1's treatment team had requested behavior data sheets be completed daily and submitted monthly; -He thought the behavior data sheets were a suggestion and not a requirement; -"I stopped it...It was the same information every month."</p> <p>Interview on 7/3/24 with the Licensee revealed staff #1 should not have stopped documenting behavior data sheets for FC #1 unless it was agreed upon by the client's treatment team.</p> <p>2. Staff #1 failed to adhere to FC #1's Behavior Plan which resulted in physical aggression by the client.</p> <p>Interview on 7/3/24 with staff #1 revealed: -He followed FC #1 and continued to try to talk with him after the client had yelled and cursed at him and slammed a door; -"He (FC #1) said I'm going to kill you. I'm going to burn this house down. I was a little hesitant to leave him by himself. The only reason that I stayed in that area, I didn't want him (FC #1) to</p>	V 110		
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*Crystal Nickerson, Director*  
MA, QP

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V 110	<p>Continued From page 4</p> <p>hurt himself;"</p> <p>-He was not aware of whether the client had a history of self harm.</p> <p>3. FC #1 attempted to kick staff #1 and rather than blocking the kick as he was trained, staff #1 grabbed FC #1's heel which caused him to fall.</p> <p>Interview on 7/1/24 with FC #1's Care Coordinator revealed:</p> <p>-She had received an email (date unknown) that was written by Staff #1 regarding the incident with FC #1 on 6/25/24;</p> <p>-"Basically, staff (#1) said he grabbed [FC #1's] foot when he kicked him, making him fall...I would rather seen a restraint than what I read."</p> <p>Interview on 7/3/24 with Staff #1's trainer for Physical Restraint training revealed:</p> <p>-It was "inappropriate" for Staff #1 to grab FC #1's foot;</p> <p>-"I do not teach that...We've got kick blocks."</p> <p>Interview on 7/3/24 with Staff #1 revealed:</p> <p>-He had received training in blocking kicks;</p> <p>-"I grabbed his (FC #1) foot so he couldn't kick me...He was trying to kick me in the stomach area...I grabbed his foot out of instinct...I was praying that I didn't have to restrain him."</p> <p>Interview on 7/3/24 with the QP revealed:</p> <p>-He had interviewed Staff #1 regarding the incident that happened on 6/25/24 with FC #1;</p> <p>-According to Staff #1, FC #1, "kicked at him and [Staff #1] grabbed his foot" which was not appropriate;</p> <p>-Staff #1 had been recently trained in Physical Restraints.</p> <p>Interview on 7/3/24 with the Licensee revealed:</p>	V 110		

*Crystal Nickerson Director MA, QP*

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V 110	Continued From page 5  -Staff #1 informed her (date unknown) that he was familiar with kick blocks; -Staff #1 reacted when FC #1 attempted to kick him and grabbed his foot rather than blocking the kick.	V 110		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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. 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. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). 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	V 132		

*Christel Nickerson, Director*  
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V 132	<p>Continued From page 6</p> <p>Department within five working days of the initial notification to the Department.</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) of the results of all investigations of abuse, neglect and exploitation. The findings are:</p> <p>Review on 7/3/24 of the North Carolina Incident Response Improvement System for facility incidents revealed: -Information was submitted on 6/27/24 by the facility Qualified Professional (QP) regarding an incident on 6/25/24 that involved former client (FC) #1; -FC #1 alleged that he was verbally and physically abused by Staff #1; -On 7/1/24, a request was made by the HCPR, "Please upload final investigation report;" -No documentation of the final investigation report or whether the allegation was substantiated.</p> <p>Interview on 7/3/24 with the QP revealed: -He assisted the Licensee with the investigation of whether Staff #1 verbally and physically</p>	V 132	<p>GS 131 E-2566) HC R - Notification, Allegations, &amp; Protections Health Care Personnel Registry The Director and Assigned Qualified Professional failed to submit the Five Day Report currently known as the Investigation Report until 8/22/2024. This writer was not aware of the 7/1/24 email requesting submission of the report. This writer and QP level managers will ensure submission of the Investigation Report to the HCPR within 5 working days of the initial Report, in cases involving abuse, neglect, and exploitation</p>	
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allegations. This action will  
Crystal Nickerson, Director  
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V 132	<p>Continued From page 7</p> <p>abused FC #1; -He requested Staff #1 email him a description of the incident; -The Licensee had talked with FC #1 and "did a thing on taking his side of what happened;" -The Licensee and he didn't determine whether allegations were substantiated or unsubstantiated; -"Basically, what we did was just get both sides."</p> <p>Interview on 7/3/24 with the Licensee revealed: -The QP had requested Staff #1 email him a description of the incident; -She interviewed FC #1 and documented his description of the incident; -She didn't determine whether allegations of abuse, neglect and exploitation were substantiated or unsubstantiated; -"With these (investigations of abuse, neglect and exploitation) we have been, it's been our training not to charge anybody. It was hard to not know what had happened. We went on and proceeded with our normal protocol (made reports to the HCPR and the local Department of Social Services). You know it's hard to know what happened."</p>	V 132	<p>be completed with or without prompting from oversight authorities. The organization's Policies and Procedures have been revised to include requirements for submission of the Investigation Report (5 Day Report) on 8/01/2024. Staff of the organization were trained on this requirement during clinical supervision session on 8/13/2023.</p> <p>Timeline for Implementation 8/22/2023</p> <p>See copy of included policy.</p> <p>The HR Manager will Audit incident reports as submit to ensure that the 5 Day Report, currently known as the Investigation Report, has been completed. The HR Manager will notify Director and assigned QP of incident reports involving allegations of abuse, neglect, &amp; exploitation that lack an Investigation Report. Corrections will be made immediately.</p> <p><i>Crystal Nixerson, Director MA, QP</i></p>	
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resolve the complaint and complete the following actions:

- 1- Interview all parties associated with the complaint;
- 2- Document interviews;
- 3- Review with the consumer rights committee the documented findings;
- 4- Develop written provisions to prevent a recurrence of such an incident;
- 5- The director, assigned QP, and/ or management team will draw conclusions (substantiated or unsubstantiated regarding the complaint and forward its conclusions to the appropriate entity (local LME/ MCO, County DSS, and Health Care Personnel Registry (HCPR) as required and within 5 working days of the initial report. The director will notify the complainant and HCPR of the investigational findings within 5 working days of the initial report.

#### Suspension and Expulsion Policy

It is our policy that each consumer will be free from threat or fear of unwarranted suspension or expulsion from services.

A consumer can be suspended, expelled, or discharged when not mutually agreed upon under the following circumstances:

- 1- The consumer meets criteria for a higher level of care.
  - 2- The caretaker or legal guardian fails to participate in treatment despite attempts to engage them by the staff member. Choice Behavioral Health & Consultation Services firmly believes that family participation is pertinent to the consumer's success.
  - 3- The individual supported no longer meets criteria for the service. Transfer to another service, program, or agency is recommended.
  - 4- The consumer displays three different incidents of serious threat of verbal or physical aggression towards others including staff or property. Management may implement the three strikes you are out rule at which time the consumer may be suspended or expelled depending upon the extent of the offense.
  - 5- The parent or guardian requests a discharge.
  - 6- The consumer breaks a particular rule of the organization three times. Management may implement the three strikes you are out rule for infractions of this nature.
- After a consumer is suspended, expelled, or discharged for any of the above reasons, he or she may remain on inactive status for up to 6 months. He may be considered for readmission after a period of six months and upon the following: