

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2024
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NAME OF PROVIDER OR SUPPLIER TRANSITIONS CHARLOTTE DAY PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 5309-B IDLEWILD ROAD N CHARLOTTE, NC 28227
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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 8-23-24. One complaint was unsubstantiated (intake #NC00218892), and one complaint was substantiated (intake #NC00220459). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity For Individuals Of All Disability Groups.</p> <p>This facility has a current census of 252. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000	<p style="text-align: center;">RECEIVED SEP 24 2024 DHSR-MH Licensure Sect</p>	
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"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; 	V 110	<p>V110 All trainings in 10A were completed before services rendered on 05/15/2024. Abound Health Employee Supervision with comments completed on 05/15/2024. Abound Health has attached all documentaiton that supports Client Specific training. Supervising QP will receive coaching to address the DSP providing services before the Client Specific was fully signed occur upon QPs return from personal leave.</p> <p>Although DSP delayed signature we are confident that the DSP received training on 05/14/2024 and 05/18/2024. DSP was terminated due to failure to uphold policy and core competency trainings.</p> <p>See attached documents.</p>	09/20/2024

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <p style="text-align: center;"><i>Candace Mondragon, CBAS</i></p>	TITLE <p style="text-align: center;">SR Regional Manager</p>	(X6) DATE <p style="text-align: center;">09/20/2024</p>
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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (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, one of one Paraprofessionals (staff #1) failed to demonstrate knowledge, skills and abilities for the population served. The findings are:</p> <p>Review on 8-22-24 of staff #1's personnel record revealed: -Date of hire: 5-14-24. -Job title: Direct Support Professional (DSP). -date of termination: 6-21-24. -Client specific training dated 5-18-24.</p> <p>Attempted interview on 8-20-24 with client #2 was unsuccessful. The Division of Health Service Regulations surveyor left a message and client #2 responded via the following text: "Can you call my Aunt [phone number] that's her number. Her name is [aunts name]....Okay thanks I'd prefer her (aunt) talk to you. I also get really nervous."</p> <p>Attempted phone calls to client #2's legal guardian (Aunt) on 8-20-24 and 8-22-24 went unanswered and voicemails were not returned by survey exit date.</p> <p>Review on 8-23-24 of the facility's internal</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>investigation dated 6-13-24 revealed:</p> <ul style="list-style-type: none"> -Client received community networking hours (5 to 6 hours daily) which were to be completed in the community with the supervision of staff #1.. -Instead of completing community networking activities, staff #1 took client #2 to the apartment of staff #1's friend where she remained from approximately 10:52am to 3:23pm. -A copy of a screen shot from client #2's cell phone dated 6-12-24 documented client #2's location as [local apartment building] from 10:52am to 3:23pm on 6-12-24. -A copy of an undated photo of two people lying in a bed together. -A copy of an undated photo of a living room that client stated she was left unattended from 10:52am to 3:23 on 6-12-24. <p>Interview on 8-22-24 with staff #1 revealed:</p> <ul style="list-style-type: none"> -Worked for the facility "2 to 3 weeks (5-14-24) as a DSP." -"Yes, I was trained in client specifics (for client #2)." -"Yes, They (Qualified Professional/QP) told me I couldn't take her (client #2) to my personal home." -"That (apartment staff #1 took client #2 to) was not my apartment, I never took her to my apartment. That was a friend, a girl I went to school with, that was her apartment." -"We (client #2 and staff #1) were at the park and she (client #2) had to use the bathroom. My friends apartment was right across the street from the park so I took her over there to use the bathroom." -"We were only there about 15 minutes, 10 to 15 minutes. I didn't think it was a problem (to take client #2 to the apartment to use the bathroom)." -"I never left her (client #2) unsupervised. No, she was never outside with anyone else. I was 	V 110		

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V 110	<p>Continued From page 3</p> <p>with her the whole time. We we not there long." -"That was my friend and her boyfriend in the bed."</p> <p>Interview on 8-22-24 with the QP revealed: -"I don't know what else we (QP) could have done or said for this to come out differently. We tell them (staff) over and over and over, 'do not get comfortable with [Client #2] and let her manipulate you into doing something you are not suppose to do' and that's what happened here. She (staff #1) got too comfortable."</p> <p>Interview on 8-13-24 with the Regional Program Manager revealed: -"Staff receive extensive training in client specifics. Particularly with this client (client #2) because of the many different the issues we have had with this client. They (staff) receive extra training over and above what we would normally do with staff because of past history. [Client #2] has had something like 26 different workers since we started working with [Client #2]." -"We (The QP, the program directors and Regional Programs Manager) have worked with her legal guardian and now the guardian has a part in the selection (of the DSP that work with client #2)."</p>	V 110		

About Health Employee Supervision

Staff Name: [REDACTED]	Date of Supervision: 05/15/2024	Duration: 45 min
* Staff did not work this month and was not supervised. QP will share client specific updated info.		
Home/Community Binder is current and includes: Consent packet pg 1 & 2, Emergency Contact Sheet, Complete Plan of Care, Crisis Plan, Behavior Plan, Up to date MAR, and First Aid Kit. **Missing items will be replaced within 24 hrs and noted under QP follow up"	<input checked="" type="checkbox"/>	
Ensure protective device is clean and in working order	<input type="checkbox"/>	

Require Topics to Discuss with staff and Client

Protection from Exploitation <input checked="" type="checkbox"/>	Client Rights & Choice Making <input checked="" type="checkbox"/>	Linkage to Community <input checked="" type="checkbox"/>	Core Values <input checked="" type="checkbox"/>	Update on Medical, Dental Apts and Med changes <input type="checkbox"/>
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Topics Discussed with staff and client

Client Behaviors <input checked="" type="checkbox"/>	Service Changes/Definitions <input checked="" type="checkbox"/>	Person-Centered Knowledge <input type="checkbox"/>	Health/Safety Issues <input checked="" type="checkbox"/>	Intervention Effectiveness <input type="checkbox"/>
Assessment of Progress <input type="checkbox"/>	Client Specifics <input checked="" type="checkbox"/>	Confidentiality <input checked="" type="checkbox"/>	Family Dynamics <input checked="" type="checkbox"/>	
Goals/Objectives <input type="checkbox"/>	Resources <input type="checkbox"/>	Documentation <input checked="" type="checkbox"/>	Crisis Plan <input type="checkbox"/>	Other:
Confirmation of daily completion of the following if administering medication: review of medication name, purpose and side effects with client. Daily MAR documentation. Drug Interaction and Side effect sheet is maintained with the MAR		<input type="checkbox"/>		
Clinical Suggestions and Feedback:		She is a new hire. Discussed DSI, CN goals and ISP information in order to provide services. Also discussed SCS services-behavior and nutrition.		
Suggestions given from Progress Summary/Data Review:		QP suggested that staff track weekly physical activity and nutrition plan.		
Document Progress from DSP Goals in the Individualized Supervision Plan:		NA		
		Follow Up/Corrective Action Needed? NO	Follow Up Due Date:	
Follow Up/Corrective Action:	NA			
QP Signature:				

 SP

Wed May 15 2024 15:24:50 GMT-0400 (Eastern Daylight Time)



BA QP

Certificate of Completion

This hereby certifies that



has completed the courses for New Hire Training-Instructor Led:

Around Health Orientation; Note Write & EVV Workflow;

Bloodborne Pathogens-Infectious Control; Cultural Competency; Direct Support Professional;

Emergency Preparedness; Hazard Communication; Safety; IDD Overview;

Incident Reporting; Abuse, Neglect, Exploitation; Instructional Strategies; Med Admin 1;

Person Centered Thinking; Client Rights & Confidentiality



13-May 2024.

Certificate #: 193595-83415182-4522949

