

27G .0204 Training/Supervision Paraprofessionals

10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

This Rule is not met as evidenced by: Based on record reviews and interviews one of two audited paraprofessionals (the Director/Licensee) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:

Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag 131) Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting one of one Qualified Professional (QP).

Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag 132) Based on record review and interviews, the facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days.

Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag 366) Based on record review and interviews, the facility failed to implement a policy governing their response to Level III incidents as required. Division of Health Service Regulation

V 110 Continued From page 2 V 110 Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (367) Based on record review and interviews, the facility failed to ensure an incident was reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of the incident.

Cross Reference: 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (500) Based on record review and interviews, the governing body failed to report an allegation of abuse to the Department of Social Services (DSS).

10A NCAC 27D .0101 POLICY ON RIGHTS

This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to report an allegation of abuse to the Department of Social Services (DSS).

10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to schedule a review of a plan at least annually and failed to develop and implement a goal and strategies to meet the needs of one of three audited current clients (#1)

Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

A house manager will be responsible for the screening, interviewing, and selecting eligible new hires. Once completing an interview, the house manager will select the candidate desired and have them complete an application, HM will complete a health care registry check, and a background check before moving forward with employment.

All staff will be trained on incident reporting. Staff on duty that witnessed or was informed of the incident will be responsible for starting an incident report. Once the first part is complete, the QP will review and make recommendations.

All staff have been informed that if an allegation of abuse has been reported, the person in question can no longer work until a complete investigation has been completed. The house manager will assign someone that has not been accused of any allegation to work. The staff accused will be placed on administrative leave until the allegation has been completed. The staff in question will not be allowed on any Alamance Homes property, be allowed to contact any residents in the facility, or participate in any Alamance Homes functions. The investigation will be conducted by the house manager and QP. If the house manager or QP has been accused of an allegation, the other will conduct the investigation solely.

QP will be responsible for the development and upkeep of person centered plans. Person centered plans will be updated on or by members birthdays.

- **Indicate what measures will be put in place to prevent the problem from occurring again.**

Once candidates have completed application, had a HCR check, and background check, QP will schedule trainings to assess ability to handle the population served.

Staff on duty will be able to start an incident report in real time, to avoid going past the allotted time to submit.

House manager will remove and replace any one scheduled to work if they have been accused of an allegation. If the house manager has been accused of an allegation, the owner will assign someone to take over duties.

QP will update plans on or by each members birthday. All staff will be aware that a new plan should be developed on or by the member's birthday.

- **Indicate who will monitor the situation to ensure it will not occur again.**

An appointed house manager will complete the initial paperwork, the QP will follow up during training to ensure all documents are complete before interacting with clients

All staff will be responsible for incident reporting.

House manager will monitor the incident reporting and health care registry. QP will follow up when notified to assist as needed.

QP will monitor person centered plans

- **Indicate how often the monitoring will take place.**

At the time of each new hire

As needed. House manager will meet with QP following an incident to discuss plan to prevent incident from occurring again.

QP will follow up with house manager after a new hire as been identified. QP will assess while training and follow up with house manager.