

Provider of MH/DD/SA Services

March 27, 2018

Mental Health Licensure and Certification Section N.C. Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Attn: Ms. Cornetta Brantley, Processing Assistant IV

Re: Plan of Correction (POC)
Mid Carolina Innovations
488 Commerce Drive, Sanford, NC 27332
MHL#053-066

Dear Ms. Brantley:

See attached POC for the survey completed on 3/8/18 at the MCI day program. We hope the team will find everything acceptable. If you have questions, feel free to contact me directly.

Regards,

James A. Harris

Director, Quality Management

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED
		IDENTIFICATION NOMBER.	A. BUILDING:	nnnnnnnnnnnnnnnnnn	COMPLETED
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MID CARO	LINA INNOVATIONS				
		SANFORD, N			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY)	D BE COMPLETE
V nnn	INITIAL COMMENTS	6	V 000	Mid Carolina Innovation (MCI) will 5/7/18
¥ 000	INTIAL COMMENT	5	¥ 000	ensure that services are coor	
	A complaint survey	was completed on March 8,		to address incidents that invo	lve
		vere cited. The complaint was		client behaviors and/or other	
		nplaint ID #NC00136299.)		significant events that impact	the
	•	•		provision of client services. Q	I
		sed for the following service]	7
	category: 10A NCAC	•		Management Director will mo	1
		Vocational Program (ADVP)		weekly to ensure compliance	•
		developmental activities for			
	adults with develop	mental disabilities.		Staff will provide supervision	to all
				individuals such as (Client #2) who
V 200	27G .2301 Adult Vo	c. for DD - Scope	V 200	receives individual support. C	
	104 1040 070 00			manager will monitor throug	
	10A NCAC 27G .230			the day to ensure compliance	į.
		lopmental and Vocational a day/night facility which		the day to ensure compliance	•
		developmental activities for		Ota ff will be a many in the date of the consequence	: -1 - C
		mental disabilities to prepare		Staff will be reminded to prov	ide first
		and work as independently		aid and medical attention as	
		tivities and services of an		necessary to address injuries	or
		to adhere to the principles of		change in the client's medica	lor
		ommunity integration aimed		physical condition. Clients wil	l be
	at increasing age-ap	opropriate actions, images		taken to see a medical provid	1
	and appearance of t			timely manner as indicated by	1
		s a diverse variety of specific			y Heeu
		es. These include vocational		as a result of illness or injury.	
		nal training, remunerative			
		nal and community living skill		Clients will be allowed to con-	
		basic education and long- llow-up . Support services to		their immediate family member	ers
		consultation with the clients'		upon request unless contrain	dicated
		r involved agencies may also		by the Individual Support Plai	n (ISP).
		nount of time devoted to			. (/ .
		onsiderably depending on		All MCI staff and the day prog	rram
	the needs of the clie			, , ,	7
	l .	ained in this Section are		manager will receive in-service)
	applicable to facility-	-based ADVP services.		training on the completion of	
		f the ADVP activities in this		incident reports, behavior dat	3
		ational or developmental in		sheets, and other service pro	vision.
		out on the premises of a site			
Division of H	ealth Service Regulation				

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)MULTIPLE CONSTRUCTION A BUILDING: ANNOUNCEMENT OF THE PROPERTY OF THE PRO		(X3) DATE SURVEY COMPLETED
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		MHL053-066	B. WING		03/08/2018
NAME OF	PROVIDER OR SUPPLI	ER STREET AI 488 COMMER		Y, STATE, ZIP CODE	
MID CARO	LINA INNOVATIONS	SANFORD, NO			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE DATE DATE
V 200	specifically designe (e) It is the ADVP the licensure, not the lo		V 200	Mid Carolina Innovation (MCI ensure that services are coor to address incidents that invocient behaviors and/or other significant events that impact provision of client services. Compliangement Director will moweekly to ensure compliance	rdinated blve the Quality onitor
	the facility failed to of 4 audited clients Review on 3/7/18 or - Admission date of - Diagnoses of Condisorder with Mixed Conduct; Mild Intell Hyperlipidemia; Un Esophagitis Client lives in a	views and interviews, coordinate services for 1 (#1.) The findings are: f Client #1's record revealed:		Staff will provide supervision individuals such as (Client #1 receives group support. QP / manager will monitor through the day to ensure compliance. Staff will be reminded to provaid and medical attention as necessary to address injuries change in the client's medical physical condition. Clients witaken to see a medical provides.) who MCI ghout ∋. vide first s or Il or Il be
	and included in the the client requires 2 not authorized to have a continued in the client requires 2 not authorized to have a continued training in responses when from the client five at home continued training in responses when from the client five at home continued training in the client five at home continued training in the client five authorized to the	positional Defiant Disorder; sability; Epilepsy with a History thma.		timely manner as indicated be as a result of illness or injury. Clients will be allowed to contheir immediate family member upon request unless contrain by the Individual Support Place All MCI staff and the day promanager will receive in-servict training on the completion of incident reports, behavior day sheets, and other service process.	itact pers idicated in (ISP) gram ce

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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HID CARO		SANFORD, N	C 27332				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOPER DEFICIENCY)	D BE COMPLETE
V 200	Continued From pa	ge 2	1 V 200	All staff at MCI will receive in-			
	responses when he during social intera a history of "become Review on 3/7/18 of reports revealed: - An incident docum dated 2/22/18 contai information: "Outside #1] pushed [Client # and they began to fi #1] to the ground and face." - The report did not actions during and fill the propert of the ground and face." - The report did not actions during and fill the propert did not actions during and fill the propert with Client #1's parents are client #1 was engal with Client #2 which seen in the hospital client #1 started to playing basketball	becomes frustrated or upset ctions;" 3) has a temper and ing aggressive." If the facility's incident mented as a Level I incident and only the following de on basketball court - [Client 2.] [Client #2] hit [Client #1] ght. [Client #2] pushed [Client and started kicking him in the identify staff present, their following the incident. Is, 3/7/18 and 3/8/18 with revealed: Iged in a physical altercation resulted in Client #1 being		training on the Individual Sup Plans (ISP) for Clients #1 and ensure their understanding for emergencies contact, supervibehavior management and monitoring. The Manager at National provide the in-service training Director of Quality Management of Management of the day program of weekly basis to ensure comp	d #2 to or ision, MCI will g. The ent will n a		
	They contacted the incident, however to since their son inition - Client #1 told his 1. Client #2 knock the cement and hit 2. Client #2 jumped and kicked him in the fight began how tried to pull Client #4. Staff took him in 5. He asked to call did not allow him to 6. Staff took him be	e police to investigate the chey did not file charges fated the fight. parents: ed him down. He fell on head. I on top of him and punched he chest and face. I staff person outside when wever, staff ran outside and #2 off of him. Inside and gave him first aid.					

PRINTED: 03/18/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	PROVIDER OR SUPPLIER	STREET ADI 488 COMMEI SANFORD, N	RCE DRIVE	STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 200	- They have regulstaff and their son of their was an incide However, staff did their son's fight and They did not speak mother called the faapproximately five of the facility staff did The client's moth the facility staff did She said "No one Manager] tried to p just had some kind. Interview on 3/7/18 was outside playing into a fight with hin about his girlfriend. He did not have any his nose was bleed on his chest and ar	ar contact with the facility goes home every week. " identified in their son's they should be contacted lent/crisis. not call to inform them about I corresponding injuries to facility staff until Client #1's cility management days later. ler was very upset. She said not see it as serious. ever called me. [Quality lay it off - he said they've of disagreement." with Client #1 revealed: - He g ball with Client #2 and got n. "He thought I was talking. We got mad at each other" - y broken bones. However, ing and he suffered bruises	V 200			
	incident report how get you cleaned up call. But then they to the line of the	with a staff who was present revealed: ne facility when the ng. ran out, told them to stop, ne police then physically part. wanted to call his mother ne asked told him to hold				

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
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THE CARO		SANFORD, N	C 27332			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 200	Continued From pa	ae 4	V 200			5/7/18
	-	ed First Aid then was	. = 0			
V 204	director revealed: - He was not presenthe incident occurre - Staff informed him between the two clie took the client home - When he returned Client #2 He did not meet whad counseled him interactions Staff had administ then took him to the He was aware the call his mom. Howe picking up."	about the "altercation" ents. Staff intervened, then e and later to the hospital. to the facility, he met with with Client #1 because he previously about social tered 1st Aid to Client #1 e group home. client said he wanted to ever, "He did but she wasn't	V 204	Mid Carolina Innovation (MCI ensure that a handbook book developed and distributed to clients and parents/guardians handbook will describe service activities, contact information other essential information the represent overall MCI service. The Quality Management Director of Operations and CI develop the hand book with ir from staff and clients at MCI. handbook will be distributed to clients, family and/or guardian addition the handbook will be available to visitors in the loblest contents.	is all all es, and at es. EO will put The o all made	
	handbook including information about set (1) The clien a manner comprehe of adult status. (2) Each clien and the handbook she client. (d) Hours Of Operative available for client hours per day (excluding), five days per	ADVP shall have a client		the day program and will be distributed during tours of the program. The QP and Quality Manager Director will monitor at MCI oweekly basis to ensure distribof the handbook as outlined.	MCI ment n a	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMI	SURVEY
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NAME OF	PROVIDER OR SUPPLIE	ER STREET A 488 COMMEI		Y, STATE, ZIP CODE		
MID CARO	LINA INNOVATIONS	SANFORD, N	C 27332			
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V 204	Continued From pa	ge 5	V 204			
	This Rule is not me on record reviews failed to develop a about services and reviewed with and guardians. The find Interview on 3/6/18 parents of clients reprogram revealed: They took a tour an explanation of the However, they did with information about the however. Interview on 3/8/18 confirmed: The facility does not recovered.	et as evidenced by: Based and interviews, the facility handbook with information I activities that was provided to clients and/or dings are: and 3/7/18 with three eceiving services in the of the facility and received be program. not receive a handbook out services and activities eased with the program and with the Quality Manager to thave a handbook				
	and/or guardians. - However, clients a and receive informa and activities during - Upon request for a description of progr provided a compute descriptions of the phowever, he confirm been provided to cli	a Client Handbook with a ams and services, he er printout with brief crogram and activities med this information has not lients and or guardians in this at or in any other written				
V 207	27G .2306 (B) A Eligibility & Adm	dult Voc. for DD - Client	V 207			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		İ	A. BUILDING:		
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ \\
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V 207	Continued From pa	ge 6	V 207	Victor & Associates does hav	e an 5/7/18
	•			admission policy that address	ses
	104 NCAC 27G 23	06 CLIENT ELIGIBILITY AND		overall services provision to i	nclude
	ADMISSIONS	OO CLIENT ELIGIBILITY AND		day supports. However the Q	
		ch ADVP shall have written		Management Director will dev	- 1
	admission policies			separate policy to address	
		ission staffing shall be held		admission to the MCI prograr	n The
		dered for admission to the		MCI manager and/or Quality	11. 1116
		affing, information shall be			vida in
		g the client's medical,		Management Director will pro	,
		I, and vocational histories. f the pre-admission staffing		service training to staff on the	l l
		ed and forwarded to the		admission policy specific to N	/ICI.
		ing agency. The client shall		L	
		esults of the staffing.		The MCI policy will address p	
	(3) A qualified	d developmental disabilities		admission screening to include	de et
		area program shall certify the		participation of the full team a	and the
	eligibility of each cli	ent for the ADVP service.		client/family. Procedures will	be
				outlined in the policy to addre	ess the
				referral process, ADVP rules	
	This Rule is not me	t as evidenced by:		requirements; assessments a	1 1
		views and interviews,		other information required for	
	the facility manage	ment failed to develop		admission to the MCI prograr	
		ten admission policies		admission to the Mor program	11.
		d failed to document a		The MCI manager will record	
	i -	fing was completed. The		minutes of all admission com	
	findings are:				
	Review on 3/7/18 of	Client #1's record		meetings and keep on file at	tne
	revealed: - Admissi	*		MCI office.	
		duct Disorder; Adjustment			
	Disorder with Mixed	Disturbance of Emotions and		The QP and/or Quality Mana	gement
	-	ectual Disability; Epilepsy;		Director will be present at all	
		specified Convulsions; Reflux		admission committee meeting	gs for
	Esophagitis.	your home exerted by		MCI to ensure compliance.	
	the licensee.	oup home operated by		,	
		was found that facility			
		cted a staffing prior to the			
		review the client's medical,			

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		A BUILDING.				
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NAME OF PROVIDER OR SUPPLIER STREET AD 488 COMMERC MID CAROLINA INNOVATIONS				Y, STATE, ZIP CODE		
		SANFORD, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 207	appropriateness to Review on 3/7/18 or - Admission date of - Diagnoses of Opp Mild Intellectual Dist History of Seizures - Client lives at hord - No documentation management conduction to be considered appropriateness to Interview on 3/8/18 confirmed: - The facility does no policy nor written proficents. - The pre-admission conducted however	al, and vocational histories for the program. f Client #2's record revealed: 10/31/16 positional Defiant Disorder; sability; Epilepsy with a and Asthma. ne. n was found that facility ucted a staffing prior to the preview the client's medical, al, and vocational histories for the program. with the Quality Manager ot have a written admissions occedures related to admission as process for clients is that it is the pre-admission at the pre-admission at the pre-admission as process for clients is the document the pre-admission	V 207			