

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/04/2018
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NAME OF PROVIDER OR SUPPLIER THE LOVING HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3608 THORNDIKE DRIVE FAYETTEVILLE, NC 28311
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on May 4, 2018. One complaint was substantiated (intake #NC00138053) and one complaint was substantiated (intake #NC00137768.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare for one of three clients (#2). The findings are:</p> <p>Review on 05/04/18 of client #2's record revealed: - 46 year old female. - Admission date of 12/30/09. - Diagnoses of Conduct Disorder, Mild Mental Retardation and Seizure Disorder.</p> <p>Review on 05/04/18 of client #2's Person-Centered Plan (PCP) date 03/03/18 revealed: - PCP - "What's Not Working...[Client #2] gets upset when he does not get what he wants [Client #2] does not accept responsibility for his actions... [Client #2] elopement..." - PCP - "Significant event(s) that may create increased stress and trigger the onset of a crisis...[Client #2] has behaviors that have subsided or can be redirected with close supervision and 1:1 assistance. [Client #2] is sometimes caught in lies..."</p> <p>Review on 05/04/18 of documented facility incident reports for client #2 revealed: 04/12/18 - Client #2 eloped from the facility at 1:30pm.</p> <p>04/14/18 - Client #2 eloped from the facility at 7:15pm.</p> <p>Review on 05/03/18 of a local fire department</p>	V 115		

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V 115	<p>Continued From page 2</p> <p>report for client #2 dated 04/10/18 revealed:</p> <ul style="list-style-type: none"> - Client #2 walked to a nearby residence. - The resident at the home called fire and rescue after client #2 requested to go to the hospital. - This was the third day in a row client #2 had gone to the nearby residence. - "Officers informed squad 3 crew members that the subject (client #2) did not live at this address, but had come to this address for the past three days in a row because he knew a paramedic lived at this address and he wanted to go to the hospital. Police officers stated that subject was a runaway from a group home on Thorndike Drive. A representative from the group home was on scene..." <p>Review on 05/03/18 of a local police "Communications" revealed:</p> <ul style="list-style-type: none"> - 04/14/18 - "Found Person." - 04/10/18 - "Missing Person (At Risk)." <p>Interview on 05/04/18 client #2 stated:</p> <ul style="list-style-type: none"> - He had lived at the facility for one month. - He had just got back from the hospital. He went to hospital because of his nerves. - He had been walking away from the facility to go to the hospital. - He does not recall how many times he eloped from the facility. - He was not going to elope anymore. <p>Interview on 05/04/18 staff #1 stated:</p> <ul style="list-style-type: none"> - He had worked at the facility for approximately 2 years. - He worked various shifts at the facility. - Client #2 will walk off from the facility at times. Client #2 will usually wait for staff to go to the bathroom and then elope. - Client #2 had eloped from the facility 7 or 8 times in the past month. 	V 115		

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V 115	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Client #2 will go to a neighbor's home and call 911. - When client #2 elopes from the facility, staff contact the Administrative Assistant. - If there were always two staff at the facility, it may assist in preventing elopements. <p>Interview on 05/03/18 the House Manager stated:</p> <ul style="list-style-type: none"> - He had worked at the facility since 2010. - Client #1 and client #3 usually have 1:1 staff during the day. - Client #2 has eloped from the facility. - He was at the facility recently and client #2 eloped. He went to the bathroom and client #1 told him client #2 left. -Staff call the Administrative Assistant or the police when client #2 leaves the facility. <p>Interview on 05/04/18 client #2's guardian stated:</p> <ul style="list-style-type: none"> - She was contacted from the facility client #2 had eloped from the facility one time in March 2018 and five times in April 2018. - Client #2 did not have unsupervised time in the community. <p>Interview on 05/04/18 the Qualified Professional/Licensee stated:</p> <ul style="list-style-type: none"> - Client #2 had eloped multiple times from the facility. - Staff watch client #2 but he leaves the facility. - He understood the facility needed to put measures in place to ensure client #2 was supervised and safe. 	V 115		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>(C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following: (A) the LME responsible for the catchment</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to a level I and II incidents. The findings are:</p> <p>See Tag V115 for specifics.</p> <p>Review on 05/04/18 of facility records revealed only 2 documented incident reports for client #2's elopements: - 04/12/18 at 1:30pm - 04/14/18 at 7:15pm.</p> <p>Interview on 05/04/18 the Qualified Professional/Licensee stated: - Client #2 had eloped from the facility several times. - He would ensure proper incident reports were generated for client #2's elopements.</p>	V 366		

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V 367	Continued From page 7	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that 	V 367		

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V 367	<p>Continued From page 9</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>See Tag V115 for specifics.</p> <p>Review on 05/04/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II reports for client #2's elopements from the facility with law enforcement involvement, from March 2018 thru present, had been submitted.</p> <p>Interview on 05/04/18 the Qualified Professional/Licensee stated: - Client #2 had eloped multiple times from the facility. - He would ensure the proper incidents were completed and submitted.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 05/03/18 at approximately 10:30am revealed the following:</p> <ul style="list-style-type: none"> - The grass in the front yard had weeds approximately knee high. - A light switch in the living room area was cracked. - The air intake vent in the hallway was bent. - The dining room area revealed an unpainted patched area approximately 15 inches by 12 inches. - The ceiling fan blades in the living room were broken. - Two handles on the kitchen cabinets were broken. - The living room love seat was broken. - Client #1's bedroom revealed one of four light bulbs worked in the ceiling fan fixture. The bathroom towel rack was broken. Two dresser drawers were broken. The hallway bathroom revealed one of five light bulbs worked. - Client #2's bedroom revealed two broken dresser drawers. - Client #3's closet louver door was broken along with several dresser drawers. <p>Observation on 05/04/18 at approximately 9:20am revealed a smoke detector in the facility emitted a chirping sound approximately every 35 seconds indicating a battery was needed.</p> <p>Interview on 05/04/18 the House Manager stated:</p> <ul style="list-style-type: none"> - He did not know why the smoke detector was 	V 736		

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V 736	Continued From page 11 chirping. - He had completed a fire drill on 05/03/18. Interview on 05/04/18 the Qualified Professional/Licensee had no additional questions regarding repair items discussed at exit.	V 736		