STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL014-036	A. BUILDING: _____ B. WING _____	04/20/2018

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VOCA-ELM	233 ELM AVENUE HUDSON, NC 28638

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V 000	INITIAL COMMENTS An annual survey was completed on April 20, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (c) In addition to the requirements set forth in	V 366		

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V 366	Continued From page 1 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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (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; (B) gather other information needed; (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 (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	V 366		

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V 366	Continued From page 2 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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their written policy regarding incident reports. The findings are: Review on 4/20/18 of the facility's written Missing Person's policy dated 1/2003 and revised 11/2009 revealed all missing person incidents were to be documented on an incident report.	V 366		

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V 366	Continued From page 3 Review of the facility's written incident reports on 4/19/18 from January 2018 through March 2018 revealed no incident report on Client #2 having eloped from facility on 3/28/18. Review on 4/20/18 of Client #2's record revealed: -Admission date: 6/1/04 -Diagnosis: Oppositional Disorder, Brain Injury, Seizures, Impulse Control Disorder, Organic Mood Disorder, Chronic Nervous System Injury, Facial Paralysis, Enuresis, Keratitis -Person-Centered Plan (PCP) dated 8/11/17 revealed: -Staff supervision plan of Client #2 included 10-minute monitoring checks during awake hours; -Client's 10-minute checks were due to client's history of leaving the facility and stealing. Interview with Client #2 on 4/19/18 revealed: -He had to let staff know where he was every 10 minutes; -He did not know the reason for the 10-minute check-ins. Interview on 4/19/18 with Staff #2 revealed: -She has been a Direct Support Professional at the facility since 7/25/17; -She knew Client #2 had a history of walking away from the facility; -She was aware Client #2 had walked away from the facility on 3/28/18; -She did not know an incident report was needed on Client #2 because he just walked to the local police department. Interview on 4/20/18 with Staff #1 revealed: -Client #2 walked away from the facility on 3/28/18 after a doctor's appointment and was	V 366		

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V 366	Continued From page 4 gone between 30 to 45 minutes; -Client #2 was mad and cursing after returning from his doctor's appointment; -Staff #1 notified the Program Manager that Client #2 had walked away from the facility; -Staff #1 located Client #2 at the local police department and he refused to return to facility; -Client #2 was returned to facility by the local police; -She did not write an incident report as she did not think a report was needed.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367		

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V 367	Continued From page 5 (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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:	V 367		

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V 367	Continued From page 6 (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 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report a Level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident affecting 1 of 3 clients (Client #1). The findings are: Review of the facility's written incident reports on 4/19/18 from January 2018 through March 2018 revealed no Level II incident reports. Review of the North Carolina Incident Response Improvement System (IRIS) on 4/19/18 and 4/20/18 revealed no Level II or Level III incident reports. Review on 4/19/18 of a Level I incident report dated 2/12/18 pertaining to Client #1 revealed: -Client #1 walked out of the facility at approximately 8:20 am and was gone over 5 hours;	V 367		

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V 367	Continued From page 7 -Client #1 missed his noontime medication; -Staff #1 notified the Program Manager and Staff #1 went out into the community to locate Client #1; -Staff #1 was unable to locate Client #1. Review on 4/20/18 of Client #1's record revealed: -Admission date: 3/24/09 -Diagnosis: Intellectual Developmental Disability, Non-insulin Dependent Diabetes Mellitus, Hypercholesterolemia, Hypertension, Traumatic Brain Injury by history, Impulse Control Disorder -Person-Centered Plan (PCP) dated 1/12/18 revealed Client #1 had approved 2 hours of unsupervised time; -Client #1 had medical authorization to self-administer his medications with supervision. Interview attempted with Client #1 on 4/19/18 and 4/20/18 revealed: -He refused an interview because he did not want to talk about himself; -He did what he wanted and no one tells him what to do. Interview on 4/20/18 with Staff #1 revealed: -Client #1 left the facility to go walking and was gone longer than 2 hours of unsupervised time; -She notified the Program Manager when Client #1 did not return to facility in 2 hours; -Client #1 had missed his noontime diabetic injection; -She was aware that Client #1 required staff monitoring of self-administered medications and daily blood sugar checks; -Client #1 returned to the facility in the latter afternoon hours. Interview on 4/19/18 with the Program Manager revealed:	V 367		

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V 367	Continued From page 8 -She was responsible for developing and submitting the IRIS reports for Level II and III incidents; -She and the Executive Director returned Client #1 to the facility around 4:00 pm on 2/12/18; -She did not notify the Local Management Entity regarding Client #1 having been away from the facility longer than the approved 2 hours of unsupervised time in the community.	V 367		