

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER MERCY CARE II		STREET ADDRESS, CITY, STATE, ZIP CODE 3950 ROSEBORO HIGHWAY CLINTON, NC 28328		
(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	INITIAL COMMENTS A complaint and follow up survey was completed on May 10, 2018. The complaint was unsubstantiated (intake #NC00138629). Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort	V 132		

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

TITLE

(X6) DATE

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STATE FORM

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V 367	Continued From page 2 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 (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	V 367			

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V 367	<p>Continued From page 3</p> <p>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:</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 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>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>Review on 05/09/18 of the North Carolina Incident Response Improvement System (IRIS) revealed</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>no facility incident report for client #2's 04/23/18 allegation of abuse against staff #3.</p> <p>Review on 05/09/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 40 year old female. - Admission date of 08/04/17. - Diagnoses of Down Syndrome, Hypothyroidism, Heart Murmur, Mental Disorder. - Person-Centered Plan dated 08/04/17- "Tells untruths on staff (making accusations of abuse)." <p>Review on 05/09/18 of a facility incident report dated 04/23/18 revealed:</p> <ul style="list-style-type: none"> - "[Client #2] went to the library, she walk in and nock lap top out of young lady lap and state I hitted you. Young lady push [Client #2] often her and said lady what wrong with you. Young lady pick up lap top often floor. [Client #2] try to knock it out are young lady lap again. Staff redirected [Client #2] out of library... -April 24, 2018-On this day, I received a call from [Day Program] stating [Client #2] said that [Staff #3] had hit her on the previous day. [Client #2's] case worker was on site at this present moment and wanted me to come to [Day Program] about this allegation. When I arrive [Case Worker] stated to me that she did not understand because [Client #2] was hugging on [Staff #3] then all of a sudden she started to accuse [Staff #3] about hitting her. [Case Worker] stated that she called her father and he knew about the incident that took place at the library on yesterday. We switch her worker for today to protect the staff and also for the consumer not to have any more outburst. [Administrative Assistant]." <p>Interview on 05/09/18 client #2 stated:</p> <ul style="list-style-type: none"> - She sometimes liked it at the facility. 	V 367		

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V 367	Continued From page 5 -She knocked a computer off a table. -Staff #3 hit her in the face. Interview on 05/10/18 staff #3 stated: - She had worked at the facility for almost a year. -She had taken client #2 to the library. -Client #2 knocked a young lady's computer off the table twice. -The young lady pushed client #2. -The next day at school she told her case worker that I had hit her in the face. -She had never hit anyone and she did not hit client #2 at the library. Interview on 05/09/18 the Administrative Assistant stated: - She had investigated the allegation client #2 made against staff #3 and did not substantiate the allegation. - Client #3 had a history of making allegations against staff. -She was not aware she had to do a Level II incident report and complete the Health Care Personal Registry.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the Licensee failed to maintain the facility in a safe and clean	V 736		

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V 736	<p>Continued From page 6</p> <p>manner. The findings are:</p> <p>Observation on 05/09/18 of the facility between 11:30am and 2:00pm revealed:</p> <ul style="list-style-type: none"> -A smoke detector was beeping approximately every 60 seconds. - The hardware was missing on 3 drawers in Client #1's chest of drawers. - The bi-fold closet door in vacant bedroom had missing slates at the top of the door and several broken slates on the window blinds. - The wall beside the sink in the hall bathroom showed evidence of water damage. <p>Interview on 05/09/18 the Administrative Assistant stated she would address the issues in the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		