

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	V 000	DHSR - Mental Health	
V 132	<p>A complaint and follow up survey was completed on May 10, 2018. The complaint was unsubstantiated (intake #NC00138629). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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:</p> <ol style="list-style-type: none"> 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. 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. Misappropriation of the property of a healthcare facility. Diversion of drugs belonging to a health care facility or to a patient or client. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort</p>	V 132	<p>MAY 24 2018</p> <p>Lic. & Cert. Section</p> <p><i>V132 HCPR Notification, Allegations and protection, G.S. 131E-256 Health Care Personnel Registry(g) Health Care Facility shall ensure that the Dept. 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 of whom home care services as defined by G.S. 131E-136 or hospice are being provided. Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigation must be reported to the Dept. within five working days of the initial notification to the Dept.</i></p> <p>(Continued page 2)</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

ISTE11

If continuation sheet 1 of 7

Division of Health Service Regulation

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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	<i>V367 (Continued from page 2)</i> <i>The Report shall include the following info. (1) Reporting Provider contact and identification information 2) Client ID info. 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+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 info. required on the incident form that was previously unavailable. c) Category A+B Providers shall submit upon request by the LME other info. obtained regarding the incident, including 1) hospital records including confidential info. 2) reports by other authorities and 3) the provider's response to the incident (continued page 4)</i>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

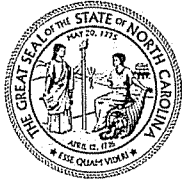
MERCY CARE II

**3950 ROSEBORO HIGHWAY
CLINTON, NC 28328**

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V 367	Continued From page 4	V 367		
	<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 knock lap top out of young lady lap and state I hitteed 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. 		<p><i>V367 (Continued From page 3)</i></p> <p><i>d) Category A and B Provider shall submit upon request by the LME other than the LME a copy of all level III incident reports to the DNRBM (DHHS DDSA) within 72 hours of becoming aware of incident. This rule was not met as evidenced by based on reviews and interviews the facility failed to ensure critical incidents reports were submitted to the LME within 72 hours as required. The findings are reviewed on 5/10/18 by the NC (IRTS) revealed no facility incident report for client #2's 04/23/18 allegation of abuse against staff #3. Mercy Care Inc. will in the future make sure the above rule is followed when there is an allegation of abuse against any employee not an incident report level III will be filed out through IRTS according to above rule with 72 hrs and incident report will be submitted to</i></p> <p><i>(Continued on page 6)</i></p>	

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V 736	Continued From page 6	V 736	V 736 (Continued from pg 6)		
	<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>		<p>- 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. Mary Core Inc will replace closet doors with missing slates with curtain instead of doors and replace blinds with missing + broken slates. Mary Core Inc safety committee will review quarterly safety reports to include damaged items in home and replace as soon as possible who reported this safety committee on report.</p> <p>- The Wall beside the sink in the hall bathroom showed evidence of water damage. Mary Core Inc. reported to Landlord the above problem to have repaired as soon as possible before 30 days. Mary Core Inc safety committee will monitor for future leaks and signs of water damage + report for repair as soon as possible to landlord.</p>	<p>6/9/18</p> <p>6/9/18</p>	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

May 15, 2018

Sonja Whitted
Mercy Care, Inc.
218 Moore Street
Clinton, NC 28328

Re: Complaint and Follow Up Survey completed 05/10/18
Mercy Care II, 3950 Roseboro Highway, Clinton, NC 28328
MHL # 082-079
E-mail Address: mercycareinc@yahoo.com
Intake #NC00138629

Dear Ms. Whitted:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed 05/10/18. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is June 9, 2018.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is July 9, 2018.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3795 • FAX: 919-715-8078

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