

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-694 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 07/09/2018 |
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| NAME OF PROVIDER OR SUPPLIER UNITED RESIDENTIAL SERVICES OF NORTH CAROLINA | STREET ADDRESS, CITY, STATE, ZIP CODE 6503 KEMPER COURT FAYETTEVILLE, NC 28303 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on July 9, 2018. The complaint was unsubstantiated (Intake #NC00140691). 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 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> <ol style="list-style-type: none"> (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. <p>(b) Category A and B providers shall explain any</p> | V 367 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 367 | <p>Continued From page 1</p> <p>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 unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet</p> | V 367 | | |

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| V 367 | <p>Continued From page 2</p> <p>the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 07/09/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports had been submitted for June 2018.</p> <p>Review on 07/09/18 of facility records revealed no Level II incident reports for May/June 2018.</p> <p>Review on 07/09/18 of client #3's record revealed: - 20 year old male. -Admission date of 08/07/17. -Diagnosis included Diabetes, Attention Deficit Hyperactivity Disorder, Combined Type, Oppositional Defiant Disorder, Autism Spectrum Disorder.</p> | V 367 | | |

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| V 367 | <p>Continued From page 3</p> <p>Review on 07/09/18 of a Level I report dated 06/17/18 revealed: "-On June 17, 2018 at 8:30am staff was in the kitchen washing dishes and [Client #3] was making tea and other house mate [Client #4] asked [Client #3] where you up at 10:30 the night before asking for food and [Client #3] said that he didn't remember. So [Client #3] got upset and went back into the kitchen and looked at staff and the the cup was on the counter and he through the cup and broke it because he got out of hand and staff put him in a hold position until he calmed down, but broke loose and went into his room and slammed the door. Staff called 911 and [Staff #1] and she was on the way to the house. [Staff #1] called his mother at 8:00am left message no answer. [Staff #1] called the crisis provider at 8:50am left message to call the group home. At 9:30am the officers [names] came to the group home. [Staff #1] got a call back from the crisis and they will be checking with staff. They called back at 11:12 am. [Client #3] finally calmed down. The crisis provider never return a call back to the group home or [Staff #1]."</p> <p>Review on 07/09/18 of a [County] Dispute Resolution Center form dated June 4, 2018 revealed: "-The matter of [Client #1] and [Client #3] was heard this 4th day of June 2018, before [Mediator]. -The parties have agreed to the following: Both parties met and discussed the situation. [Client #3] has apologized to [Client #1] concerning the situation. [Facility] has informed [Client #3] that if another incident ever occurs, they, along with the complainant, will file charges against him. Both parties agree that upon completion of this agreement, there will no longer be any issues concerning this situation."</p> | V 367 | | |

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| V 367 | <p>Continued From page 4</p> <p>During interview on 07/09/18 client #3 revealed: -He got angry when he did not get his way. -The police had been to the facility two times because of him breaking things in the home and attacking other people. -He hit client #1. -He could not remember what happened.</p> <p>During interview on 07/09/18 staff #1 revealed: -The police had been to the facility two times due to client #3. -Client #3 hit client #1 and he also destroyed the facility. -Client #1 pressed charges against client #3. -Anytime client #3 got upset he would target client #1.</p> <p>During interview on 07/09/18 the Qualified Professional (QP) revealed: -The police had been to the facility on two occasions for client #3. -He understood a Level II had to be completed for those incidents.</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> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a safe and attractive</p> | V 736 | | |

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| V 736 | <p>Continued From page 5</p> <p>manner. The findings are:</p> <p>Observation in the facility on 07/09/18 at approximately 11:10am revealed:</p> <ul style="list-style-type: none"> -In the dining room next to the window was a large hole in the sheet rock. -Client #2's long dresser with mirror the drawers were not in proper working order and the tall dresser was missing the top drawer. -Client #3's bedroom had a hole above the bed and a hole behind the door in the sheet rock. -Client #1's bedroom had a hole in the sheet rock next to the bed and the night stand in the bedroom was missing the top drawer. The room also had a strong odor of urine. -The hall bathroom door would not close completely or lock to allow for privacy. <p>During interview on 07/09/18 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Most of the damage in the facility had been done by client #3. -He already had someone coming to the facility to make the repairs. | V 736 | | |