Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-048	A. BUILDING: _____ B. WING _____	08/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN FAMILY CARE FACILITY	436 WEST ROAD CAMERON, NC 28326

(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 An annual and complaint survey was completed on August 24, 2018. The complaint was substantiated (intake #NC00140622). There were deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 10:11 am, Sep 18, 2018	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105	See attached POC	10/15/18

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V 105	Continued From page 1 recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of	V 105	see authorized POC	10/15/18

Woodhaven Family Care Facility
436 West Road, Cameron, NC 28326
MHL#043-048
Intake #NC00140622
Annual and Complaint Survey completed 8/24/18
POC

V 105

The facility will implement appropriate standards of operations related to drug testing instruments. The CEO has completed application for the Clinical Laboratory Improvement Amendments Waiver (CLIA). A copy of the CLIA application is on file pending receipt of the CLIA document supporting operationalization of the Waiver.

Client #1 continues to require glucose testing in the morning daily. Therefore, the CLIA Waiver certificate will be maintained in the corporate office and a copy kept on the facility's grounds to ensure continued compliance. The Waiver will be renewed as applicable to standards of operation. The Director Quality Management will monitor annually to ensure the CLIA document is maintained and renewed as applicable.

PCD-10/15/2018

V112

The facility will update the treatment plan when applicable to address any client's emerging behavior needs and/or challenges. Updates shall include the development and implementation of strategies to address clients' priority behavior needs.

For Client #2, the QP/Residential Manager will coordinate a meeting with the Sandhill's Care Coordinator. The Treatment Plan for Client #2 will be updated to reflect emerging and unsafe behaviors.

For Client #2, the QP/Residential Manager through consultation with the treatment team, developed a short-range goal to address unsafe behaviors of stealing/taking medications that belong to his peers. Strategies are outlined for staff to provide supervision and direction to Client #2 to prevent or eliminate these unsafe behaviors.

The QP/Residential Manager has in-service all staff assigned to the Woodhaven home and day support (MCI) to ensure implementation of the short-range goal. In addition, the QP will in-service all new staff or staff deployed from another home on the short-range goal prior to their assignments. The QP will shadow all new staff on the home routine. QP will document all training/shadowing on an in-service sheet which will be kept on file

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V 105	Continued From page 2 standards that ensured operational and programmatic performance meeting applicable standards of practice for random drug testing instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 8/24/18 of the facility's documents revealed: -There was no evidence of a CLIA waiver. Review on 8/22/18 of Client #1's record revealed: -Admission date of 6/15/17. -Diagnoses of Mild Intellectual Disability, Schizoaffective Disorder, Mood Disorder, NOS, Intermittent Explosive Disorder, Pscyhosis Disorder by history and Diabetes, Type II. -Physician order dated 6/20/18 included the following order: -"Check Blood Sugar daily before breakfast." Interview on 8/22/18 with the Residential Manager/Qualified Professional confirmed staff administered client #1's blood sugar every morning.	V 105		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be	V 112	See attached POC	10/5/18

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V112

The facility will update the treatment plan when applicable to address any client's emerging behavior needs and/or challenges. Updates shall include the development and implementation of strategies to address clients' priority behavior needs.

For Client #2, the QP/Residential Manager will coordinate a meeting with the Sandhill's Care Coordinator. The Treatment Plan for Client #2 will be updated to reflect emerging and unsafe behaviors.

For Client #2, the QP/Residential Manager through consultation with the treatment team, developed a short-range goal to address unsafe behaviors of stealing/taking medications that belong to his peers. Strategies are outlined for staff to provide supervision and direction to Client #2 to prevent or eliminate these unsafe behaviors.

The QP/Residential Manager has in-service all staff assigned to the Woodhaven home and day support (MCI) to ensure implementation of the short-range goal. In addition, the QP will in-service all new staff or staff deployed from another home on the short-range goal prior to their assignments. The QP will shadow all new staff on the home routine. QP will document all training/shadowing on an in-service sheet which will be kept on file

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For Client #2, the psychologist will develop a behavior support plan to address target behaviors identified. The Psychologist and/or QP will in-service all assigned staff on Client #2's behavior support plan (BSP) prior to implementation. The QP will document in-service training on the BSP for Client #2, which will be kept on file and in the home.

The QP will monitor medication pass in the home 3 times weekly to ensure implementation of treatment team goals and strategies to address Client #'2's unsafe behaviors. The Director of Quality Management and/or the Director of Operations will monitor medication pass in the home weekly to ensure continued compliance. In addition, behavior tracking data will be reviewed weekly by the QP and Director of Quality Management to ensure updates to the plan to address client#'2 behavior needs.

The Director of Quality Management will review medication errors within 24 hours and management will ensure immediate actions to include removal of staff from passing medication until satisfactory medication administration re-training has taken place.

PCD: 10/5/2018

W367

The Director Quality Management will review the Incident Response Improvement System Manual relative to submission of critical incident reports. The Director Quality Management will in-service all QPs on the requirements for submission of critical incidents within the 72 hours' time frame.

Staff will continue to complete incident reports for medication errors. The in-house pharmacist will review all medication errors and determine the significance of the medication error. In cases whereby, the client is transported to the emergency room or is seen by a medical provider to follow-up after a medication error, then the QP or Quality Management Director will complete an IRIS report within 72 hours of the event.

The Director of Quality Management will review all medication errors within 24 hours. The Director of Quality Management will ensure submission of the IRIS report within 72 hours of the event, specifically in cases when a client is transported to the hospital and/or seen by a medical provider for the medication error and/or overdose.

PCD: 10/5/2018

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V 112	Continued From page 3 achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement strategies to address the needs and behaviors of a client affecting one of three clients (#2). The findings are: Review on 8/22/18 of Client #2's record revealed: -Admission date of 1/29/16. -Diagnoses of Autism Spectrum Disorder and Severe Intellectual Development Disability, Non-Verbal. -Treatment Plan dated 7/1/18 included the long and short term independent living skills goals. -Psychological Evaluation dated 5/8/18 revealed the following historical information: "Staff familiar with [Client #2] described several challenging behaviors. The behaviors include aggression (e.g., directing a "karate chop" at more vulnerable consumers, etc.) Property	V 112	See attached POC	10/5/18

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V 112	Continued From page 4 Destruction (e.g., punching Plexiglas out of the frame in the bedroom, etc.) and inappropriate sexual behavior (e.g., masturbating while in a public area, etc.). Staff also reported [Client #2] exhibits what sounded like compulsive behaviors (e.g., turning in circles prior to sitting on a commode, straightening his clothing prior to sitting, etc.) At times, when [Client #2] does not appear to be in discomfort, [Client #2] may point to his jaw while making facial expressions suggesting discomfort in an effort to secure medication; [Client #2] may then act out if he does not receive medication ..." Review on 8/22/18 of Client #2's Medication Administration Record include the following medication: -Fluticasone 50 mg - use daily. -Hydrochlorothiazide 25mg - take one tablet by mouth once daily. -Ketoconazole Shampoo 2% - apply to scalp. -Ammonium Lactate Cream 12% - use daily. -Chlorpromazine 200mg - take two tablets by mouth in the morning; two tablets in the afternoon and one tablet at bedtime. -Lorazepam 2mg - take one tablet by mouth every morning and one table by mouth at 5:00 p.m. 1. Review on 8/22/18 of the Facility's Incident Report dated 7/2/18 on 1st shift revealed: -"[Former Staff #1] had put together [Client #1's] medication as well as glucose test monitor and sat them on kitchen counter because of [Residential Manager/Qualified Professional] calling wanting to speak to [Client #1] about waking up. [Client#1] did not want to hold the phone so [FS#1] stood and held the phone for [Client #1] and [RM/QP] to talk to [Client #1] in [Client #1's] room. When [FS#1] returned to	V 112	See attached POC	10/5/18

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V 112	Continued From page 5 kitchen to put [Client #1's] items in a bag [FS#1] noticed that [Client #1's] medications were gone. [FS#1] looked around and then asked [Client #2] if he had taken [Client #1's] medications. [Client #2] looked down. [FS#1] then looked into trash can and found [Client #1's] medication container and label." Review of Client #1's medication consumed by Client #2 included symptoms of treatment per webmd.com: -Duloxetine 30mg - used to treat depression. -Metformin 500mg - used to treat type 2 diabetes. -Rexulti 1mg - used to treat psychosis. -Clonazepam 1mg - used to treat anxiety. -Levothyroxine 25 mg - used to treat anxiety. Review on 8/22/18 of FS#1's personal record revealed: -Hired date 3/16/18. -Employed as Paraprofessional - 1st shift. -Medication Administration training 3/6/18. -Re-certification Medication Administration training on 7/9/18. -Terminated 7/27/18. An attempt was made to interview FS#1. The phone number provided was no longer working. Interview on 8/22/18 with the RM/QP revealed: -FS#1contacted her regarding the incident on 7/2/18. -She transported client #2 to the emergency room. -Blood was drawn. -Client #2 was observed by the doctor for 6 hours and released. -She stayed with client #2 at the hospital. -She was instructed to follow-up with doctor or	V 112	See attached POC	10/5/18

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V 112	Continued From page 6 emergency room if client #2 had any changes in behavior or side effects. -FS #1 admitted to not securing medication. -FS#1 was retrained by the in-house pharmacist. 2. Review on 8/22/18 of Staff #2's Incident Report Statement dated 8/1/18 on 2nd shift revealed: -"Around 7:45 p.m. [Client #2] consumed [Client #3's] 8:00 p.m. medications. [Client #1] was experiencing an extreme behavioral episode which [Staff #3] tried to solve, during which [Client #2] took [Client #3's] medication. [Client #2] has shown no emergency symptoms or reactions since consumption and has had no behavioral changes. Management was notified. Both [Staff #2] and [Staff #3] have never worked with [Client #1], [Client #2], and [Client #3]. They are not on [Client #2's] plan. This was [Staff #3's] first day at the group home and [Staff #2's] second day and had no prior knowledge of [Client #2's] behaviors and/or risks before working at the group home." Review on 8/22/18 of Staff #3's Incident Report Statement dated 8/1/18 on 2nd Shift revealed: -"Around 7:45 p.m., [Client #1] was walking around telling me she was going to beat my "a**", and calling me a "n******" and getting in my personal space. [Client #1] was very loud. Cussing at me. I [Staff #3] told [Client #1] to go to her room and calm down. [Client #1] said she don't have to go to [Client #1's] room. I redirected [Client #1] again to go to [Client #1's] room. [Client #1] refused. [Staff #2] told [Client #1] to go to [Client #1's] room. [Client #1] started going. [Client #1] got to the door and turned around and started to come back out screaming and cursing that [Client #1] was going to hit me. [Staff #2] moved from the medication cabinet to stop [Client #]. [Client #2] went around by the kitchen counter. [Staff #3] seen [Client #2] getting water	V 112	See attached POC	10/5/18

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V 112	Continued From page 7 to drink. I did not know that [Staff #2] had the medication out. [Staff #2] called [RM/QP]." Review on 8/22/18 of Client #1's medication consumed by Client #2 included symptoms of treatment per webmd.com: -Benzitropine 0.5mg - used to treat bipolar disorder. -Divalproex 250mg - used to treat bipolar disorder. -Nitrofurantoin 100mg - used to treat infections. -Sulfamethoxazole TMP DS - used to prevent infections. -Prazosen 1mg - used to treat high blood pressure. -Atenolol 25mg - used to treat high blood pressure. Interview on 8/22/18 with Staff #2 revealed: -Hired date 10/25/16. -Employed as the Paraprofessional - 2nd shift. -Medication administration training 10/3/16. -He previously worked at another group home for the agency. -He was recently transferred to the group home to help with the new client #3. -This was his 2nd day at group home. -Before incident he was preparing client #3's medication. -Medication was stored in individual daily containers separated by morning, afternoon and evening for the week. -Client #1 was having a behavior. -Client #2 was standing at the end of the kitchen counter. -Client #3 was in the room. -Staff #3 was attending to client #1. -When he turned his head towards client #1 and turned back, client #2 grabbed the medication.	V 112	See attached POC	10/5/18

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V 112	Continued From page 8 -He did not leave the medication unattended. -"Never in my life has this ever happened." -"We were unprepared when placed in this house." -"I was not negligent at my job." -His coworkers told him about client #2's behavior after the incident. -After the incident he called management staff. -Management transported client #2 to the hospital. -He continued to work at the group home. -He was not informed or aware that he should not administer medication until he was retrained. -He worked on 8/4, 8/5, 8/8, 8/9, 8/14, and 8/17 and took his time sheet to the office. -He did not have a problem being re-trained. -He was not written up for the incident. An attempt was made to interview Staff #3. However no contact number was provided. Interview on 8/22/18 with the Associate Professional revealed: -She worked as the assistant to the RM/QP. -She was informed about the incident and asked by management to take client #2 to the hospital. -She stayed with client #2 at the hospital. -There was no treatment, blood work or x-rays. -The doctor provided client #2 a bed and observed client #2 for 3-4 hours. -Client #2 was discharged from the hospital. -She was instructed to follow-up with doctor or hospital if any behavior or side effects occurred. Interview on 8/22/18 with the RM/QP revealed: -Hired 6/12/17. -Confirmed client #2 had a history of consuming other client's medication. -She reported the behavior occurred prior to her employment.	V 112	See attached POC	10/5/18

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V 112	Continued From page 9 -After the 1st incident she submitted a Memo to all employees regarding medication administration record and medication on 7/5/18. -After the incident she informed staff #2 not to administer medication until retrained. -Confirmed staff #2 was not scheduled for medication training. -She did not know reason staff #2 was not scheduled. -Confirmed staff #2 was still working and currently on the schedule. -Confirmed there was no goal and strategies to address client #2's behavior. -Treatment plans were completed by the Director. -The Director was designated a QP. Interview on 8/23/18 with the Director of Quality Management revealed: -He completed an internal investigation. -FS#1 and staff #2 was immediately taken off medication pass until they go back through training. -He acknowledged FS#1 was retrained but not staff #2. -FS#1 was terminated due to other actions in addition to medication error. -The agency had two QP's. -The Director completed treatment plans. -The Director was a QP. -The RM/QP was responsible for overseeing the homes, providing support and training staff. -Confirmed client #2's treatment plan did not address behaviors. -The plan was to have the psychologist prepare a behavior support plan to address behaviors. Review on 8/24/18 of a Plan of Protection written by the Director of Quality Management dated 8/24/18 revealed: What will you immediately do to correct the above	V 112	See attached POC	10/5/18

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V 112	Continued From page 10 rule violation to protect clients from further risk or additional harm? "The RM/QP will update the Individual Support Plan (ISP) for client JD to address assessment of target behaviors of taking other clients' medications and interventions, strategies to prevent re-occurrence. A short-range goal will be established for Client JD to display 0 incidents/ attempts of taking medications that do not belong to him. Staff interventions and/or supports will be implemented such that all medications will be secured and are always under direct staff supervision (no exceptions) to prevent client JD from any direct access to medications that do not belong to him. The QP will conduct medication pass observations in the home over the next 7 days of the evening and/or morning medication pass routine to ensure implementation of the short-range objective; and to ensure staff supervision of client JD and appropriate redirection accordingly. In the event of no issues, and upon approval the QP will then fade monitoring of the medication pass in the home to 3 times weekly to ensure continuous implementation of the ISP update for client JD. The Director of Operations must approve any changes to QP monitoring activity of the medication pass in the Woodhaven home." Describe your plans to make sure the above happens? "All staff assigned to the Woodhaven home will receive immediate in-service training and monitoring from the QP (residential manager) on JD's updated ISP to ensure competencies and appropriate implementation to prevent future events of said target behaviors (taking and/or accessing other clients' medications)." "In addition, the Quality Management Director and/or the Director of Operations will monitor in	V 112	See attached POC	10/5/18

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	MHL043-048	A. BUILDING: _____ B. WING _____	08/24/2018

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WOODHAVEN FAMILY CARE FACILITY	436 WEST ROAD CAMERON, NC 28326

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V 112	Continued From page 11 the Woodhaven home twice weekly to ensure continued compliance" Client #2 is diagnosed with Autism Spectrum Disorder and Severe Intellectual Development Disability. He has a history of consuming other client's medication when left unattended or in the presence of staff. Client #2 was recently involved in two incidents consuming the medication of client #1's on 7/1/18 and client #3's on 8/2/18. After each incident management transported client #2 to the emergency room. Blood work was drawn on 7/1/8 and observed for 6 hours then released and on 8/2/18 no testing, observation for 3 hours and released. Client #2 had no goals or strategies in the treatment plan to address the behavior and staff working at the home during the incident either was not aware of the behavior or were new to the facility. There was reportedly no training or screening about client #2's behavior prior to placing new staff in the facility. An internal investigation was completed by the Director of Quality Management. Recommendation was for FS#1 and Staff #2 discontinue administering medication until they were retrained. FS#1 was retrained on 7/9/18 and terminated on 7/27/18 and Staff #2 was never retrained, continued to administer medication, remained on the schedule and never informed to be retrained. This deficiency constitutes a Type B rule violation for harm detrimental to the health, safety and welfare of client and must be corrected within 45 days. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 112	See attached POC 10/5/18	10/5/18
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	Continued From page 12 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 (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,	V 367	See Attached POC	10/5/18

Woodhaven Family Care Facility
436 West Road, Cameron, NC 28326
MHL#043-048
Intake #NC00140622
Annual and Complaint Survey completed 8/24/18
POC

For Client #2, the psychologist will develop a behavior support plan to address target behaviors identified. The Psychologist and/or QP will in-service all assigned staff on Client #2's behavior support plan (BSP) prior to implementation. The QP will document in-service training on the BSP for Client #2, which will be kept on file and in the home.

The QP will monitor medication pass in the home 3 times weekly to ensure implementation of treatment team goals and strategies to address Client #'2's unsafe behaviors. The Director of Quality Management and/or the Director of Operations will monitor medication pass in the home weekly to ensure continued compliance. In addition, behavior tracking data will be reviewed weekly by the QP and Director of Quality Management to ensure updates to the plan to address client#'2 behavior needs.

The Director of Quality Management will review medication errors within 24 hours and management will ensure immediate actions to include removal of staff from passing medication until satisfactory medication administration re-training has taken place.

PCD: 10/5/2018

W367

The Director Quality Management will review the Incident Response Improvement System Manual relative to submission of critical incident reports. The Director Quality Management will in-service all QPs on the requirements for submission of critical incidents within the 72 hours' time frame.

Staff will continue to complete incident reports for medication errors. The in-house pharmacist will review all medication errors and determine the significance of the medication error. In cases whereby, the client is transported to the emergency room or is seen by a medical provider to follow-up after a medication error, then the QP or Quality Management Director will complete an IRIS report within 72 hours of the event.

The Director of Quality Management will review all medication errors within 24 hours. The Director of Quality Management will ensure submission of the IRIS report within 72 hours of the event, specifically in cases when a client is transported to the hospital and/or seen by a medical provider for the medication error and/or overdose.

PCD: 10/5/2018

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V 367	Continued From page 13 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: (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)	V 367	See attached POC	10/5/18

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V 367	Continued From page 14 through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure a critical incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours of becoming aware of the incident. The findings are: Review on 8/22/18 of the facility's incident reports revealed: - Level I incident report dated 7/2/18 on 1st shift: "[FS#1] had put together [Client #1's] medication as well as glucose test monitor and sat them on kitchen counter because of [Residential Manager/Qualified Professional] calling wanting to speak to [Client #1] about waking up. [Client#1] did not want to hold the phone so [FS#1] stood and held the phone for [Client #1] and [RM/QP] to talk to [Client #1] in [Client #1's] room. When [FS#1] returned to kitchen to put [Client #1's] items in a bag [FS#1] noticed that [Client #1's] medication were gone. [FS#1] looked around and then asked [Client #2] if he had taken [Client #1's] medications. [Client #2] looked down. [FS#1] then looked into trash can and found [Client #1's] medication container and label." Review on 8/22/18 of the facility's incident reports revealed: -Level I incident report dated 8/1/18 on 2nd shift: "Around 7:45 p.m. [Client #2] consumed [Client #3's] 8:00 p.m. medications. [Client #1] was experiencing an extreme behavioral episode which [Staff #3] tried to solve, during which [Client	V 367	See attached POC	10/5/18

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V 367	Continued From page 15 #2] took [Client #3's] medication. [Client #2] has shown no emergency symptoms or reactions since consumption and has had no behavioral changes. Management was notified. Both [Staff #2] and [Staff #3] have never worked with [Client #1], [Client #2], and [Client #3]. They are not on [Client #2's] plan. This was [Staff #3's] first day at the group home and [Staff #2's] second day and had no prior knowledge of [Client #2's] behaviors and/or risks before working at the group home." -"Around 7:45 p.m., [Client #1] was walking around telling [Staff #3] she was going to beat my "a**", and calling me a "n*****" and getting in my personal space. [Client #1] was very loud. Cussing at [Staff #3]. [Staff #3] told [Client #1] to go to her room and calm down. [Client #1] said she don't have to go to [Client #1's] room. [Staff #3] redirected [Client #1] again to go to [Client #1's] room. [Client #1] refused. [Staff #2] told [Client #1] to go to [Client #1's] room. [Client #1] started going. [Client #1] got to the door and turned around and started to come back out screaming and cursing that [Client #1] was going to hit [Staff #3]. [Staff #2] moved from the medication cabinet to stop [Client #]. [Client #2] went around by the kitchen counter. [Staff #3] seen [Client #2] getting water to drink. [Staff #3] did not know that [Staff #2] had the medication out. [Staff #2] called [RM/QP]." Interview on 8/24/18 with the Director of Quality Management revealed: -He discussed the incident with the house Pharmacist. -Client #2 was transported by staff to the emergency room with no treatment and not admitted. -The pharmacist determined Level II was not required because there was no treatment.	V 367	See attached POC	10/5/18

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V 367	Continued From page 16 -He was informed by the Local Management Entity (LME) if there was no treatment the incident did not constitute Level II.	V 367	See attached POC	10/5/18

Victor & ASSOCIATES INC.

Provider of MH/DD/SA Services

September 18, 2018

Ms. Frances Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual and Complaint Survey completed August 24, 2018
Woodhaven Family Care Facility
436 West Road, Cameron, NC 28326
MHL#043-048

Dear Ms. Hicks:

See attached hard copy of the plan of correction (POC) for the Woodhaven Family Care Facility visit. We will have the Type B rule violation cited for 10A NCAC 27G.0205 corrected by 10/5/2018. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact me directly. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

James A. Harris
Director, Quality Management

1600 South Third St., Sanford, N.C 27330 Tel: 919-718-4988 Fax: 919-718-4990