

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-912</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1419 MILTON STREET SPRING LAKE, NC 28390</b>		
(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 survey was completed on September 12, 2018. The complaint was unsubstantiated (intake #NC00142810). 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 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 to protect residents from harm while the	V 132		

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

TITLE

(X6) DATE

Division of Health Service Regulation  
STATE FORM

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V 367	<p>Continued From page 2</p> <p>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> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</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</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <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>	V 367		

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V 367	<p>Continued From page 4</p> <p>Review on 09/12/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no report from the facility regarding client #4's allegation of abuse against staff #1 and Licensee/Qualified Professional (QP).</p> <p>Review on 09/12/18 of the draft of an un-submitted incident report dated 09/05/18 and completed by the Licensee/QP revealed:</p> <ul style="list-style-type: none"> <li>-Client #4 was upset and stated to the Group Home Manager (GHM) that he no longer wanted to live at the group home and wanted to go home and had informed his therapist that "staff were hitting on him."</li> <li>-Client #4 informed the GHM if he said staff were "hitting on him" he could go home.</li> <li>-GHM encouraged client #4 to be truthful and not to make untrue statements.</li> </ul> <p>Interview on 09/12/18 client #1 stated:</p> <ul style="list-style-type: none"> <li>-He was not aware of any abuse or harm by any staff at the facility.</li> </ul> <p>Interview on 09/12/18 client #2 stated:</p> <ul style="list-style-type: none"> <li>-He was not aware of any abuse or harm by any staff at the facility.</li> </ul> <p>Interview on 09/12/18 client #4 stated:</p> <ul style="list-style-type: none"> <li>-He had "lied" about staff hitting him and he had reported to his therapist staff had hit him so he would be allowed to leave the group home and return home.</li> </ul> <p>Interview on 09/12/18 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-He was not aware of any harm or abuse by any staff at the facility.</li> <li>-He had been made aware of the allegations made by client #4.</li> <li>-He had not harmed or abused any client in the</li> </ul>	V 367		

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V 367	Continued From page 5  facility.  Interview on 09/12/18 the GHM stated: -She was not aware of any harm or abuse by any staff at the facility.  Interview on 09/12/18 the Licensee/QP stated: -She was made aware of allegations of abuse on 09/05/18 made by client #4 when client #4's grandfather contacted her by telephone. -She was informed by client #4's grandfather that he had received a telephone call from client #4 stating staff, Licensee (Licensee's husband) and the Licensee/QP was hitting him and "wanted to give her a heads up because [client #4] fabricates the truth." -She and the Licensee had not hit or harmed any client in the group home. -She was aware she had not informed the local Department of Social Services (DSS), or the Health Care Personnel Registry (HCPR) of the allegation of abuse made by client #4 or submitted the incident report in the required timeframe and would do so immediately.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights  10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and	V 500		

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V 500	Continued From page 6  (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A	V 500		

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V 500	<p>Continued From page 7</p> <p>NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services in the county where services are provided all allegations of resident abuse by health care personnel. The findings are:</p> <p>See Tag V367 for specifics.</p> <p>Interview on 09/12/18 the Licensee/Qualified Professional stated she had not reported the allegation of abuse to the local DSS.</p>	V 500		