

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/10/2018
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NAME OF PROVIDER OR SUPPLIER EASON COURT #2	STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREGORY MANOR YOUNGSVILLE, NC 27596
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 10, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to ensure 1 of 4 Residential Counselors (RC #4) had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 10/1/18 of RC#4's personnel record revealed:</p> <ul style="list-style-type: none"> - hire date 3/7/17 - a HCPR check dated 3/8/18 with a substantiated finding of "Abuse of a Resident" entered on 7/18/17 - a 2nd HCPR check dated 5/14/18 with a substantiated finding of "Abuse of a Resident" entered on 7/18/17 <p>During an interview on 10/2/18, RC#4 reported:</p> <ul style="list-style-type: none"> - she had worked at the facility for over a year - the incident referenced above happened in 	V 107		

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V 107	<p>Continued From page 2</p> <p>March, 2017. She had been pushing a resident in a wheelchair when her (the resident's) foot fell off the footpad. She bent to put the resident's foot back on the pad when the resident tried to grab her. She put up her arm to block the resident, then continued with her to the dining room.</p> <ul style="list-style-type: none"> - someone else saw the incident and reported her for having hit the resident. She was suspended and chose not to return to work at that facility. - someone from the HCPR Investigative unit interviewed her by phone and that was the last she heard about it until the Assistant Director (AD) at Eason Court #2 told her in March, 2018 that she was listed on the registry. <p>During an interview on 10/2/18, the AD reported:</p> <ul style="list-style-type: none"> - RC#4 was not on the HCPR at her hire date but she had voluntarily disclosed the incident during the hiring process - RC#4 was closely monitored by the AD and the Qualified Professional (QP) for her first 3 or 4 months of her employment through observation and supervision - RC#4 was one of her top 3 employees. She went over and above board in working and engaging with the clients. - there had never been a complaint to her or the QP about RC#4 that she was aware of <p>During interviews on 10/2/18, 2 of 2 interviewed clients reported RC#4 was a very good staff person and had never mistreated them in any way. The third client of the residence refused to be interviewed.</p>	V 107		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	<p>Continued From page 3</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 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> <ol style="list-style-type: none"> (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. <p>(c) Category A and B providers shall submit,</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>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 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)</p>	V 367		

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V 367	<p>Continued From page 5 through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to report an allegation of abuse within 72 hours to the Incident Reporting Improvement System (IRIS). The findings are:</p> <p>Review on 10/1/18 of client #1's record revealed: - admission date 9/3/17 - diagnoses including Disruptive Behavior Disorder (DO), Impulse Control DO - Unspecified Onset, Post Traumatic Stress DO, Schizoaffective DO, Mild Intellectual and Developmental DO, Gastro-Esophageal Reflux Disease, Cannabis Use DO and Alcohol Use DO</p> <p>Review on 10/9/18 of the IRIS revealed no report for an allegation of abuse had been submitted to the system in the last month.</p> <p>During an interview on 10/2/18, client #1 reported: - staff #2 had hit her with a set of keys on her arm and on the side of her body - she had told staff #2 to "get out of my face" and pushed staff #2 - this happened about 1 month ago after nighttime medications and they were in the kitchen - there were no witnesses - at other times staff #2 had pulled her hair and kicked her in the back - she never reported this to anyone - she wanted staff #2 and #3 and the program manager fired - feels she doesn't need any medications but takes them anyway</p>	V 367		

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V 367	<p>Continued From page 6</p> <ul style="list-style-type: none"> - feels safe at this facility <p>During an interview on 10/2/18, client #3 reported:</p> <ul style="list-style-type: none"> - staff at the facility treat everyone well - the only time she has heard yelling is when 2 clients are fussing and staff raise their voice to be heard - she saw staff #2 push client 1 one time when client #1 was screaming and cussing at her - also that staff #2 hit client #1 when she was trying to restrain her - she later said she did not see client #1 get hit but client #1 told her staff #2 hit her <p>During an interview on 10/2/18, this surveyor reported the allegation of abuse to the Assistant Director (AD).</p> <ul style="list-style-type: none"> - the AD stated she would start an investigation immediately and ensure it got reported to the required agencies. The Qualified Professional (QP) would conduct the investigation. - staff #2 would be taken off the schedule until the investigation was completed <p>Review on 10/10/18 of an incident report submitted on 10/10/18 revealed:</p> <ul style="list-style-type: none"> - "During an annual site visit client alleged she was physically assaulted by staff; an internal investigation was initiated. During the investigation client reported she was choked and beat by staff to the point of bleeding. Witness reported hearing a lot of commotion and arguing, but never physically saw staff assault client. Staff denied the incident. 10/10/2018 Investigator is unable to determine any physical abused occurred. Resident reports staff physically assaulted her. Witness reports hearing ..commotion, arguing, and fighting....between client and staff 	V 367		

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V 367	<p>Continued From page 7</p> <p>from her bedroom and upon going to see what was going on saw resident on the floor. No physical injuries were substantiated as no injuries were reported, observed, or treated at the time of the incident, nor days following the alleged incident. Scratches pointed out at the time of the investigation were healed despite resident..s accounts of the incident occurring a ..short-time ago.....Resident neither witnesses reported the incident to anyone in management. Resident resides in the home with two other individuals, one in which is identified as the witness. The other individual reports neither hearing anything nor having any knowledge of this incident although her bedroom is adjacent to the witness."</p> <p>During an interview on 10/10/18, the QP reported:</p> <ul style="list-style-type: none"> - she had not submitted the report until the investigation was complete on 10/10/18 because the IRIS system required her to determine wether the allegation was substantiated or not prior to her finishing the investigation - she could not substantiate the allegation due to client #1 changing details during her investigation and client #3 saying she only heard a lot of commotion and when she came out of her room she saw client #1 on the floor in the kitchen. - she did not think client #3 could see into the kitchen from the point she said she was in the hallway after the commotion <p>Review on 10/2/18 of a Plan of Protection written and submitted by the QP on 10/2/18 revealed:</p> <p>What will you immediately do to correct the above violations in order to protect clients from further risk or additional harm? "Staff will not be scheduled at Eason Court #2. Eason Court will begin investigation of alleged allegation. Investigation will include interviewing staff,</p>	V 367		

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V 367	Continued From page 8 alleged victims and witness." Describe your plans to make sure the above happens. "Interviewing staff, alleged victim and witness. Eason Court will contact DSS (Department of Social Services), legal guardian and registry (Health Care Registry.).	V 367		