

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 31, 2018. The complaint was substantiated (Intake #NC00142229). Deficiencies were cited.</p> <p>The facility is licensed for the following service: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	V 109		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 109	<p>Continued From page 1</p> <p>plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to assure that 1 of 2 Qualified Professionals (QP #1) demonstrated the knowledge, skills and abilities required to meet the needs of the population served affecting 5 of 5 current clients (#1 #2 #3 #4 #5) and 1 of 1 former client (FC #6). The findings are:</p> <p>Interview on 10/4/18 with Qualified Professional #1 revealed he was responsible for the following aspects of facility management;</p> <ul style="list-style-type: none"> -- The day to day operation of the facility. -- Identification and management of client needs. -- Coordination of client services. -- Development of client treatment plans. -- Protection of client rights. -- Incident reporting. -- Upkeep and maintenance of the home. <p>* See tag V-112 for more information about strategies and interventions to meet client needs.* * See tag V-290 for more information about assessment of safety for unsupervised time in the home or the community.* * See tag V-367 for more information regarding incident reporting.* * See tag V-513 for more information of the least restrictive environment.*</p>	V 109		

Division of Health Service Regulation

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V 109	Continued From page 2 * See tag V-736 and V-780 for more information about the physical environment.*	V 109		
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 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 observation, interview and record review, the facility failed to develop and	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>implement strategies/interventions to address the individual needs and behaviors affecting 1 of 3 audited current clients (#1) and 1 of 1 former client (FC #6). The findings are:</p> <p>A. Review on 10/9/18 of Client #1's record revealed the following information;</p> <ul style="list-style-type: none"> -- Age 25 years old. -- Admitted to the facility on 5/1/18. -- Admitted following her second psychiatric hospitalization which lasted almost 3 months (2/7/18 - 5/5/18). -- Diagnoses include Schizoaffective Disorder - Bipolar Type, Cocaine Use Disorder, Cannabis Use Disorder, Alcohol Use Disorder and Asthma. -- Client was adjudicated incompetent, and her Father was appointed to be her Legal Guardian. -- Client is currently in a psychiatric hospital following an elopement from the facility which triggered a Silver Alert being issued. <p>Review on 10/9/18 of Client #1's Admission Assessment completed by Qualified Professional #2/Licensee (QP #2/L) dated 5/1/18 revealed identification of past and/or present issues as follows;</p> <ul style="list-style-type: none"> -- Hallucinations, delusions, paranoia and unusual speech. -- Hyperactive, verbal aggression and oppositional/defiant. -- Anxiety, phobia of the dark, flashbacks, nightmares, psychomotor agitation and compulsive behavior "doesn't think before acting/talking." -- Depression and weight gain. <p>Review on 10/10/18 of Client #1's treatment plan dated 5/2/18 revealed the following goals and strategies/interventions;</p> <ul style="list-style-type: none"> -- "Client will adhere to rules compliance both in 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>the home and community supervised and/or unsupervised...</p> <p>HOW: Staff will counsel with client regarding house rules and her symptoms..."</p> <p>-- "Client will control her anger, aggression, and anxiety while in the home and community supervised or unsupervised.</p> <p>HOW: Staff will monitor the client's progress and collaborate with other team members/providers. Client will listen to and adhere to the direction given by her Psychiatrist and PSR staff. Additionally wraparound services will be utilized as needed."</p> <p>Review on 10/9/18 of Client #1's progress notes prior to her elopement on 9/28/18 revealed the following information;</p> <p>-- 9/22/18 "Client wandered from the facility today without authorization. QP was notified and all staff were called to canvas the area. Client returned after about 15 minutes absence..."</p> <p>-- 9/26/18 "Client left the facility without permission again today. Client lied and said that she had only went out to the backyard to have a cigarette. Once client knew staff knew she was not being honest she admitted to leaving the facility..."</p> <p>-- 9/27/18 "QP was informed that client again left the facility without permission. QP directed all personnel to report to the facility to canvas the area..."</p> <p>-- 9/28/18 "QP was informed that client left out her window again. All staff conducted a search of the area but could not locate the client..."</p> <p>Interview on 10/5/18 with QP #1 revealed the following information regarding Client #1;</p> <p>-- Client #1 will be discharged on 10/13/18 when her Guardian's two week notice of discharge is completed.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 5</p> <p>-- The Police found her after a Silver Alert had been issued and from there she was admitted to the local hospital psychiatrically.</p> <p>-- She had put blankets in her bed on 9/28/18 and left through her bedroom window. She was noticed missing around 6:00 pm on 9/28/18.</p> <p>Interview on 10/10/18 with Staff #1 revealed the following information regarding Client #1;</p> <p>-- The clients would go to the library as a group (without staff supervision) and Client #1 would sometimes wander around.</p> <p>-- She would go to the store to buy cigarettes when she was not supposed to leave the facility.</p> <p>-- "All we could do was watch her."</p> <p>Interview on 10/10/18 with Client #1's Legal Guardian (her Father) revealed the following information;</p> <p>-- Staff at the group home told me she left the facility by sneaking out the window. They saw a van outside the group home. Someone was waiting to pick her up.</p> <p>-- The Police saw her on a video at a local motel.</p> <p>-- Sometime in June, I told QP #2/L I didn't want her to go to the library or store alone. I took away her unsupervised time.</p> <p>B. Review on 10/9/18 of FC #6's record revealed the following information;</p> <p>-- Age 30 years old.</p> <p>-- Admitted to the facility on 3/8/18 following a psychiatric hospitalization of an unknown length.</p> <p>-- Unplanned discharge to the care of her Mother on 7/28/18 with no notice given.</p> <p>-- Client was adjudicated incompetent, and her Mother was appointed to be her Legal Guardian.</p> <p>-- Diagnoses include Schizoaffective Disorder - Bipolar Type, Neurodevelopmental Disorder, History of Asperger's Syndrome, Premenstrual</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 6</p> <p>Dysphoric Disorder, Hypothyroidism and Obstructive Sleep Apnea.</p> <p>Review on 10/9/18 of FC #6's Admission Assessment completed by QP #2/L dated 3/3/18 revealed identification of past and/or present issues as follows;</p> <ul style="list-style-type: none"> -- Approximately 7 psychiatric hospital admissions. -- Unusual behavior, "Speaks to God and notes she hear the voice of God talking to her." -- Verbal aggression, theft while confronting a victim, disruptive in home and "easily distracted." -- Learning Disability. -- Panic attacks, anxiety, phobia - "bridges, height, flying, walking on roads," compulsive behavior, obsessive behavior - "church," and flashbacks - "death of Father." -- Depression, weight gain and excessive reaction to identifiable stressor "death of Father." <p>Review on 10/10/18 of FC #6's record revealed a document dated 7/5/18 titled "2nd LETTER OF WARNING" with the following information noted;</p> <ul style="list-style-type: none"> -- "This 2nd letter of warning is regarding repeated behaviors that are not in compliance with house rules and that are not conducive to yourself and/or others. Specifically on 6/6/18 you communicated verbal threats towards staff and two other residents by trying to engage staff into a physical altercation. You continued your communication of threats of physical violence against family members of staff, though the staff's family were not present at the time. -- On 6/10/18 you refused to comply with house rules and became belligerent with staff by cursing and disturbing the other residents. -- On 7/5/18 you became upset because you left something at your psychotherapeutic program which could not be retrieved because the 	V 112		

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V 112	<p>Continued From page 7</p> <p>program had closed for the day. You physically assaulted a staff member by snatching her by her arm in an attempt to take office keys from her. You were not in compliance with house rules again and became verbally abusive to staff and your Guardian thereafter.</p> <p>-- Burlington Police Dept Department [name of Police Officer] arrived to defuse the situation and staff member chose not to press charges against you at that time. This behavior is not acceptable and should you continue this behavior we will have no choice but to discharge from Vision II.</p> <p>-- Due to your noncompliance with house rules and assault of staff Vision II has deemed it necessary to address these behaviors, via this 2nd letter of warning, for the safety of yourself, other clients and staff. This 2nd letter of warning is to inform you that Vision II does not wish to take further measures but we have to consider what is in the best interest of you, other clients and staff. Should this noncompliance of house rules along with physical threats and disrespect towards other clients and staff continue we will have no choice but to find a more suitable location for you..."</p> <p>-- Signed by FC #6's legal Guardian and QP #2.</p> <p>Review on 10/10/18 of FC #6's record revealed a document dated 7/21/18 titled "3rd LETTER OF WARNING" with the following information noted; -- "This 3rd letter of warning regarding repeated behaviors that are not in compliance with house rules and that are not conducive to yourself and/or others. This behavior is not acceptable within Vision II. Due to your noncompliance with house rules, verbal threats towards staff and other clients, property damage and disrespect towards other clients, staff, and providers, Vision II has deemed it necessary to address these behaviors, via this 3rd and final letter of</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 8</p> <p>warning..."</p> <p>Review on 10/10/18 of FC #6's record revealed a document dated 7/22/18 titled "30 day Notice of Discharge" with the following information noted; -- "After numerous warnings and meetings with you to address your reported house rules violations, the staff at Vision II are saddened by the necessity to have to issue this 30 day notice of discharge...." -- "In your case the following grounds for discharge criteria have occurred; You have been issued three letters of warning referencing your non-compliance to house rules, verbal and physical confrontations with staff and other residents, disrespect to other residents and staff and outside providers. -- Serious and repeated violations of house rules and physical assault are sufficient grounds for a client's discharge from the facility..."</p> <p>Review on 10/10/18 of FC #6's treatment plan dated 3/8/18 revealed the following goals and strategies/interventions; -- "Client will increase her understanding of diagnoses and increase her coping/social skills. Client will be in compliance with house rules... HOW: Staff will counsel with client regarding house rules and her symptoms..." -- "Client will learn more ways to effectively deal with anxiety while in the home or in the community supervised or unsupervised. Client will improve her social skills without resorting to fabrications... HOW: ...Learning socialization skills and ADLs (activities of daily living) via Staff and her providers..."</p> <p>Interview on 10/10/18 with QP #1 revealed the following information;</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 9</p> <p>-- He was unable to locate the first written warning letter issued to FC #6.</p> <p>-- FC #6 displayed the same disruptive and threatening behavior at her Psychosocial Rehabilitation (PSR) program to the point that they were about to discharge her, she was "very verbally abusive."</p> <p>-- FC #6 was verbally abusive to the transportation staff that provided rides to and from the PSR and was at risk for loosing this service.</p> <p>-- He felt like some of the clients residing at the facility may have felt threatened by FC #6.</p> <p>-- He could not provide any information about any different interventions or strategies put in place to deal with FC #6's behaviors of cursing, threatening, defiance, property destruction or verbal/physical assault.</p> <p>-- On 7/5/18 FC #6 assaulted Staff #2 by grabbing her arm and hands in an attempt to take the keys to the facility. This staff called the Police about this incident, and did not press charges against the client.</p> <p>Attempted interview during this survey with Staff #2 was unsuccessful.</p> <p>Interview on 10/10/18 with Staff #1 revealed the following information regarding FC #6;</p> <p>-- FC #6 was a "bully" to everyone, and she was like that "every single waking moment." "She came into the house with an attitude."</p> <p>-- FC #6 hit her one time, and she wanted to press charges, but the facility management wouldn't let her.</p> <p>-- FC #6 "slapped" Client #3's glasses off of her face at the dinner table once.</p> <p>-- FC #6 threw food at the dinner table another time at another client.</p> <p>-- Another client had reported to her that FC #6</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 10</p> <p>"snatched a book out of her hand" once. -- She would always "show out after interaction with her Mother." -- She would also "Show out" at her day program. -- Staff #1 would talk to her about her anger. -- The other clients in the facility were afraid of her and everyone would stay in their rooms. -- Other staff were concerned about her behavior.</p> <p>Interview on 10/17/18 with FC #6's Legal Guardian (her Mother) revealed the following information; -- Her Daughter "has a mouth on her" and will express her opinions. -- She grabbed Staff #2 and "hit her a couple of times." -- She pushed Client #3 one time while she was walking by her using her walker. -- She had been aggressive with her one time by pushing her so hard she fell and got cut. -- She took her Daughter out of the facility during the first week of August (2018), as the staff kept threatening to put her in jail. -- The Police had to come to the facility several times due to her Daughter's behavior. -- In July (2018) the facility staff "lost her." They took her to the Library and she walked off. The facility staff looked all day for her and found her 4 to 5 miles away at a mall. -- The facility would allow her to go alone or with only other clients to the library, the gas station, the Dollar Store and to church. -- She did not feel very comfortable with FC #6 being in the community that much without staff supervision.</p> <p>Interview on 10/10/18 with one of the unaudited current clients revealed the following information; -- She was afraid of FC #6. -- FC #6 hit her once, and once while being</p>	V 112		

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V 112	Continued From page 11 transported in a van, jumped on her. Interview on 10/10/18 with FC #6 was attempted, but the client declined to be interviewed.	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if	V 290		

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V 290	<p>Continued From page 12</p> <p>specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assess and document client's capability of having unsupervised time in the home or community affecting 3 of 3 current audited clients (#1 #2 #3) and 1 of 1 former client (FC #6). The findings are:</p> <p>A. Review on 10/9/18 of Client #1's record revealed the following information; -- Age 25 years old. -- Admitted to the facility on 5/1/18. -- Admitted following her second psychiatric hospitalization which lasted almost 3 months (2/7/18 - 5/5/18). -- Diagnoses include Schizoaffective Disorder - Bipolar Type, Cocaine Use Disorder, Cannabis Use Disorder, Alcohol Use Disorder and Asthma. -- Client was adjudicated incompetent, and her Father was appointed to be her Legal Guardian. -- Client is currently in a psychiatric hospital following an elopement from the facility which triggered a Silver Alert being issued. -- No documentation of an assessment</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 290	<p>Continued From page 13</p> <p>completed to determine the client's ability to remain safe in the community or in the home without staff supervision.</p> <p>-- Documentation on her treatment plan dated 5/2/18 that she was approved for up to 6 hours a day of unsupervised time.</p> <p>B. Review on 10/9/18 of FC #6's record revealed the following information;</p> <p>-- Age 30 years old.</p> <p>-- Admitted to the facility on 3/8/18 following a psychiatric hospitalization of an unknown length.</p> <p>-- Unplanned discharge to the care of her Mother on 7/28/18 with no notice given.</p> <p>-- Client was adjudicated incompetent, and her Mother was appointed to be her Legal Guardian.</p> <p>-- Diagnoses include Schizoaffective Disorder - Bipolar Type, Neurodevelopmental Disorder, History of Asperger's Syndrome, Premenstrual Dysphoric Disorder, Hypothyroidism and Obstructive Sleep Apnea.</p> <p>-- No documentation of an assessment completed to determine the client's ability to remain safe in the community or in the home without staff supervision.</p> <p>-- No documentation on her treatment plan dated 3/8/18 that she was approved for any unsupervised time.</p> <p>C. Review on 10/5/18 of Client #2's record revealed the following information;</p> <p>-- Admitted to the facility on 9/15/11.</p> <p>-- Diagnoses include Paranoid Schizophrenia Affective Disorder, Borderline Intellectual Functioning, Diabetes, Seizure Disorder, Hypercholesterolemia and Gastroesophageal Reflux Disease.</p> <p>-- No documentation of an assessment completed to determine the client's ability to remain safe in the community or in the home</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 290	<p>Continued From page 14</p> <p>without staff supervision. -- No documentation on her treatment plan dated 10/26/17 that she was approved for any unsupervised time.</p> <p>D. Review on 10/5/18 of Client #3's record revealed the following information; -- Admitted to the facility on 8/11/14. -- Diagnoses include Schizoaffective Disorder, Depressed Mood and Anxiety. -- No documentation of an assessment completed to determine the client's ability to remain safe in the community or in the home without staff supervision. -- Documentation on her treatment plan dated 10/26/17 that she was approved for up to 6 hours of unsupervised time in the community.</p> <p>Interview on 10/10/18 with Staff #1 revealed that clients spend time at church, the Dollar Store, the nearby gas station and at the library without staff supervision.</p> <p>Interview on 10/9/18 with Qualified Professional #1 revealed a piece of notebook paper with a date and several client names, and he stated he took the named clients out on the named date for a walk around the neighborhood to assess their use of safety skills. He confirmed that this documentation was not individualized, nor very specific.</p>	V 290		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 367	<p>Continued From page 15</p> <p>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> <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>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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V 367	<p>Continued From page 16</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) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by:</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 367	<p>Continued From page 17</p> <p>Based on interview and record review, the facility failed to assure that all Level II and Level III incidents were reported and submitted to the Local Management Entity (LME) within 72 hours of becoming aware of the incident as required. The findings are:</p> <p>Review on 10/4/18 of the North Carolina IRIS (Incident Response Improvement System) program revealed no incidents reported for the facility in 2018.</p> <p>Interview on 10/5/18 with Qualified Professional #1 revealed the following information;</p> <ul style="list-style-type: none"> -- Part of his job responsibilities included incident reporting. -- The police had to be called several times recently to the facility due to client behaviors. -- Client #1 was the subject of a Silver Alert issued on 9/28/18. -- He completed an IRIS report regarding Client #1. -- He was not aware that the above IRIS report did not show up in the IRIS system. -- He was not aware that on this IRIS report the "Submit Incident Report" box had not been checked indicating the report was sent to the LME. -- He was not aware that any time the Police were called to the facility, an IRIS report needed to be submitted. 	V 367		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment.</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 513	<p>Continued From page 18</p> <p>These include:</p> <ul style="list-style-type: none"> (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <ul style="list-style-type: none"> (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide service/supports that promote a safe and respectful environment utilizing the least restrictive and most appropriate methods to ensure dignity and respect affecting 5 of 5 current clients (#1 #2 #3 #4 #5). The findings are:</p> <p>Observation on 10/5/18 at approximately 9:15 am revealed the following information;</p> <ul style="list-style-type: none"> -- A door to the kitchen which was locked. -- Staff #1 used a key on a large key ring to enter the kitchen. -- The facility had a capacity to serve 6 clients. -- At the time of the survey the census of the facility was 5 clients. 	V 513		

Division of Health Service Regulation

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V 513	<p>Continued From page 19</p> <p>Interview on 10/5/18 with Staff #1 revealed the following information;</p> <ul style="list-style-type: none"> -- The kitchen door was locked when she was not in the kitchen preparing or serving meals. -- She stated if the kitchen was left unlocked several of the clients would go into the kitchen and help themselves to all of the food. -- One of the identified clients (Client #2) was Diabetic and did not make good choices regarding her food intake. -- She was not able to state any other interventions or strategies that had been implemented to try to prevent food theft other than telling the clients not to eat the food in the kitchen, and then locking the door to prevent access to the kitchen. -- She was unable to state how long the kitchen had been locked for "for a while." <p>Review on 10/5/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 9/15/11. -- Diagnoses include Paranoid Schizophrenia Affective Disorder, Borderline Intellectual Functioning, Diabetes, Seizure Disorder, Hypercholesterolemia and Gastroesophageal Reflux Disease. -- No strategies/interventions included in her treatment plan dated 10/26/17 addressing behaviors surrounding food. <p>Interview on 10/5/18 with Qualified Professional #1 (QP #1) revealed the following information'</p> <ul style="list-style-type: none"> -- He identified the behaviors of a Diabetic client (Client #2), and Client #1 as the reason the kitchen door had to be locked. -- He was unaware that preventing the clients' access to the kitchen was a violation of their rights, and that this restriction would have to be documented in their treatment plans. 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 513	<p>Continued From page 20</p> <p>Interview on 10/17/18 with FC #6's Mother revealed the following information; -- The kitchen door had been locked all during her Daughters stay in the facility (3/8/18 through 7/27/18). --"They (the clients) weren't allowed to go near the kitchen.</p> <p>Observation on 10/5/18 at approximately 10:30 am revealed the following information; -- Staff #1 getting ready to leave the facility. -- The door to the kitchen remained locked. -- Client #3 was preparing to leave the facility for a visit with her family and requested of QP #1 to be let into the kitchen to obtain a glass of water. -- QP #1 had to quickly exit the facility to catch Staff #1 before she left with the keys to the kitchen so that Client #3 could get a cup to get a drink of water.</p> <p>Interview on 10/5/18 with QP #1 revealed he did not know that locking the kitchen door was not an acceptable intervention to deal with clients misuse of food within the facility.</p>	V 513		
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</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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V 736	<p>Continued From page 21</p> <p>governing body failed to assure that the facility was kept in a safe, clean and attractive manner. The findings are:</p> <p>*Safety* Observation on 10/5/18 at 9:30 of the facility revealed that at least 3 separate smoke detectors could be heard chirping approximately every 60 seconds.</p> <p>Interview on 10/5/18 with Staff #1 revealed that until she was asked specifically about the smoke alarms chirping, she didn't seem to notice the noise. When questioned, she was not sure how long they had been chirping.</p> <p>Interview on 10/5/18 with 2 of the clients waiting in the front of the house (the living room) for their ride to their program revealed neither of them to realize that alarms could be heard chirping until it was pointed out by this Surveyor.</p> <p>Interview on 10/5/18 with Qualified Professional #1 (QP #1) revealed he was unsure how long the alarms had been chirping, and he thought that they were chirping because they needed new batteries, and that it would be his responsibility to change them.</p> <p>Interview on 10/9/18 with QP #1 revealed the following information; -- He had changed the batteries in the smoke detectors, however there was 1 last chirping that continued. -- He stated that the remaining sound came from a security alarm that the owner of the home had installed, and he did not know the code to silence it, nor could he figure out how to disable it from its power source. -- He would find someone to remove this alarm.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 736	<p>Continued From page 22</p> <p>This alarm system continued to chime all of 9/9/18 and 9/10/18.</p> <p>*Cleanliness* Observation on 10/5/18 at 2:30 pm of the small bathroom revealed mold on the top part of the shower and wall surrounding it, and on the floor in front of the shower where the linoleum did not meet the shower.</p> <p>Observation on 10/10/18 at 11:30 am of the dining room and the kitchen revealed the linoleum did not meet up with all of the walls leaving a gap where the subflooring could be observed, and in several places the linoleum was cracking and peeling away from the subflooring.</p> <p>Interview on 10/10/18 with QP #1 revealed he would mention these areas to the landlord and request that they be fixed.</p>	V 736		
V 780	<p>27G .0304(d)10) Required Bathrooms</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (10) At least one full bathroom for each five or fewer persons including staff of the facility and their family shall be included in each facility.</p>	V 780		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER VISION II	STREET ADDRESS, CITY, STATE, ZIP CODE 413 EVERETT STREET BURLINGTON, NC 27215
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V 780	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure at least one full bathroom for each five or fewer persons including staff of the facility affecting 5 of 5 current clients (#1 #2 #3 #4 #5). The findings are:</p> <p>Observation on 10/5/18 at approximately 10:15 am revealed the following information; -- The facility has a capacity to serve 6 clients. -- At the time of the survey the census of the facility was 5 clients. -- There were two bathrooms in the facility.</p> <p>Interview on 10/5/18 with the Qualified Professional #1 (QP #1) revealed one of the bathrooms was kept locked and was a "staff bathroom" allowing only one bathroom for client use. QP #1 was unaware of the bathroom requirements for five or fewer clients, including staff.</p>	V 780		