STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-933	A. BUILDING: _____ B. WING _____	R 12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTS OF HOPE HOME PLACE	1808 CONOVER DRIVE FAYETTEVILLE, NC 28304

(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 and follow up survey was completed on December 14, 2018. The complaint was unsubstantiated (intake #NC00144689. A deficiency was cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disabilities.	V 000		
V 367	27G .0604 Incident Reporting Requirements 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	V 367		

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V 367	Continued From page 1	V 367		

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, 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

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V 367	Continued From page 2 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) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 12/12/18 of the North Carolina Incident Response Improvement System IRIS) revealed: - No documented level II incident reports (August 1, 2018 thru December 14, 2018.) Review on 12/12/18 of client #5's record revealed: - 61 year old female. - Admission date of 08/20/15. - Diagnoses of Schizophrenia, Hypertension, Moderate Intellectual Disability, Morbid Obesity, Roscea, GERD (gastroesophageal reflux disease), History of Cerebral Palsy and Metabolic Syndrome. Review on 12/14/18 of a copy of the facility's level II incident reports for client #5 completed by the	V 367		

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V 367	Continued From page 3 QP (Qualified Professional) revealed: 08/17/18: - "dislocation, broken ankle, fall. - Contact/Notification of incident: Legal guardian/Aunt. - No documented contact to the LME/MCO (local management entity/managed care organization). 10/23/18: -"Cut, laceration, bleeding...fall... Back of forehead cut, bleeding, 1/2 inch in diameter." -"Considering consumer d/c (discharge) from facility, unstable gait inability to ambulate without falling no longer meets criteria for admission." Interview was not conducted with client #5 during the survey process due to client #5's hospitalization/surgery for gall bladder removal on 11/29/18. Interview on 12/12/18 and 12/14/18 the Group Home Manager/Live-in Staff stated: - Client #5 had several falls and she was not sure why client #5 had fallen and broke her ankle and required hospitalization and surgery (08/17/18) or fell and received a cut to her head and received several stitches/sutures (10/23/18). - The QP was responsible for completing the IRIS reports. Interviews on 12/12/18 through 12/14/18 the QP stated: - Client #5 had multiple falls/injuries of unknown origin since August 2018. -Client #5 had surgery due to the fall on 08/17/18 and required hospitalization and rehabilitation. -Client #5 fell again on 10/23/18 and was hospitalized and required stitches/sutures to her head. - She understood Level II incident report should be submitted to the LME/MCO within the required	V 367		

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V 367	Continued From page 4 time, but had difficulty with the IRIS electronic system and had not contacted the LME/MCO. Interviews on 12/12/18 through 12/14/18 the Licensee stated: -She was unaware of the reasons for client #5 to have fallen (08/17/18, 10/23/18). - Client #5 required surgery for the fall/broken ankle on 08/17/18 and was hospitalized and required rehabilitation. -There were no decisions made to discharge client #5 from the facility. -The completion of the IRIS reports were the responsibility of the QP.	V 367		